

**THE IMPACT OF REPORT CARDS ON EMPLOYEES: A NATURAL EXPERIMENT**



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## EXECUTIVE SUMMARY

Supporters of managed competition approaches to health care have stressed the importance of providing consumers with useful information to make choices among health plans during open enrollment periods. Little is known, however, about the impact of report cards on the knowledge of consumers about health plans, their attitudes towards plans, or their choice of plans.

This study takes advantage of a natural experiment to address the following questions:

- Do consumer report cards improve consumers' knowledge about health plans?
- Do consumer report cards affect consumers' attitudes regarding the problem of selecting a health plan?
- Do consumer report cards influence consumers' evaluation of health plans and choice of health plans?

The study also addresses whether the answers to these research questions depend on the characteristics of individual consumers and households.

To answer these questions, we took advantage of a natural experiment and compared several different samples of employees from the State of Minnesota Employee Group Insurance Program (SEGIP). The SEGIP disseminated report cards based on consumer surveys comparing health plans to its employees during the open enrollment seasons in 1991, 1993, and 1995. One group of employees in the SEGIP, the University of Minnesota, did not receive the report cards, although they otherwise participated in the same health plan enrollment process and had the same choice of plans and the same premiums. This group served as our control group.

We analyzed primary data that were collected through telephone surveys of state employees. Pre-enrollment and postenrollment surveys were conducted immediately before and after the 1995 open enrollment periods.

We hypothesized that the report card would:

- improve employee knowledge of health plans, in part by increasing consumers' attention to objective plan attributes such as benefits;
- increase the importance of quality in relation to cost and convenience;
- influence the respondents' opinions of the overall quality of the plans described in the report card;
- influence the rate of switching plans;
- influence the reported reasons of respondents for selecting their 1996 plan, whether remaining with their 1995 plan or switching to another plan; and
- influence employees' willingness to pay the marginal premium for higher priced health plans.

We found none of these effects.

We did find that a number of enrollee and health plan characteristics were strongly related to health plan knowledge, attitude and choice. These findings were, for the most part, consistent with findings reported from other research on determinants of health plan choice by consumers.

Our findings suggest that the current versions of health plan report cards are works in progress. As much salience as health plan member satisfaction reports appear to have, consumers do not seem to be influenced by the information in any of the ways measured in this study.

We suggest a number of possible reasons for not finding report card effects. These include limitations of the study and questions about the importance of and meaning to consumers of the content of typical member satisfaction based report cards.

## INTRODUCTION

Supporters of managed competition approaches to health care reform have stressed the importance of providing consumers with information that can help them make more informed choices among health plans during open enrollment periods. They hope that as consumers become better informed, health plans will be encouraged to compete on quality of care and enrollee satisfaction, in addition to premiums. Presently many evaluators are experimenting with various methods of collecting information about health plans from health plan enrollees and providing summary comparisons. Considerable attention is being focused both on the techniques of surveying consumers and the design of report cards to communicate survey findings. Little is known, however, about whether those report cards alter the knowledge of consumers about health plans or their attitudes towards plans. Nor is it known whether the information conveyed through consumer report cards influences consumers in their choice of health plan. This study takes advantage of a natural experiment to address the following questions:

- 1) Do consumer report cards improve consumers' knowledge about health plans?
- 2) Do consumer report cards affect consumers' attitudes regarding the problem of selecting a health plan?
- 3) Do consumer report cards influence consumers' evaluation of health plans and choice of health plans?

The study also addresses whether the answers to these research questions depend on the characteristics of individual consumers and households.

## Background

The national health care reform debate focused attention on the types and amounts of information available to assist consumers in making health care choices, and the ability of consumers to process and act on that information (Sofaer, 1993). Some analysts argued that "informing and protecting consumers in the course of health system reform ought to be a valued end in itself, not just a means to a working marketplace and good health care" (Sofaer, 1993). Others have emphasized the importance of even a few reasonably informed consumers in encouraging competition among providers for patients and health plans for enrollees (Pauly, 1986). Virtually all health benefit programs provide employees with spreadsheets containing information in a format that promotes comparison of health plans. These spreadsheets typically include employer contributions to premiums, employee contributions to premiums, benefit coverage, and policies describing access to providers. Additional information on providers in health plan networks is distributed by the health benefits manager in response to employee requests or by the health plans.

In the private sector, large purchasers of health care have initiated efforts to expand information available to potential health plan enrollees. Originally, these efforts were undertaken by single purchasers, purchaser coalitions, individual health plans, and health plan associations. Typically, a large firm collected data from its employees about satisfaction with their health plans and with specific dimensions of plan performance. The employer requested that health plans supplement these data with information about clinical services provided to the employed group (including immunization rates and

other measures of preventive care) and outcomes that could be inferred from administrative claims data (Jordahl, 1992). The resulting data set was used by the employer in evaluating the care received by employees and, ostensibly, in deciding whether to continue to offer specific health plans. Many health plans resisted these initial requests for data, fearing that the data would be used inappropriately in decision-making. Other health plans, however, began working closely with employer groups to design data collection instruments and forms for displaying the results. The Health Plan Employer Data and Information Set (HEDIS) effort, which began in 1992 and is now under the sponsorship of the National Committee for Quality Assurance, is the most widely publicized collaboration of this type (Packer-Tursman, 1993).

At the same time that these highly visible national efforts were taking place, some large individual employers began experimenting with comparative report cards on health plans that could be used by their employees in conjunction with existing spreadsheet information in selecting a health plan (McGee and Knutson, 1994). These report cards usually contain data from employee surveys, but vary widely in their comprehensiveness, their sophistication, and the extent of the assistance they provide to employees in interpreting their content. The report cards compare health plans based on consumer ratings of: access to care; satisfaction with care; health plan administrative procedures to some extent; and, occasionally, the technical skill of providers.

While the goal of these survey-based report cards is to assist employees in their choice of health plans, very little is known about the way in which they may affect decisions. Does the information contained in report cards make any difference in knowledge about health plans, attitudes towards health plans, or enrollment decisions? These are important questions, not only because they address some of the fundamental assumptions of the managed competition model, but also because their answers will have important implications for how resources are allocated in producing and distributing these report cards. Consumer survey-based report cards are costly to prepare. Although standardized instruments have become available, thus reducing or eliminating the costs of developing and testing new instruments, costs to administer the survey, construct an analytic data set, analyze the survey findings, package the findings in a format that is easily understood, and print and disseminate the report to employees is considerable. Although no studies have documented the resources needed to produce report cards on a routine basis, the costs are certainly significant for an individual employer and likely to increase in aggregate as more employers adopt the report card process. Therefore, it is important to assess whether the current, state-of-the-art consumer report cards have any impact on consumer knowledge, attitudes, and decisions.

## Summary of Selected Literature

The fields of economics, psychology, education, and marketing all provide literature relevant to the study. This section contains a brief summary of findings from a select number of studies from these fields. In addition, each part of the discussion includes a summary specific to the research question.

### Knowledge of Health Insurance Coverage

Several studies have attempted to assess the degree to which consumers are knowledgeable about their health insurance coverage in the absence of report cards. For example, in their review article, Marquis, Davies, and Ware (1983) compare the results of five different studies. In each study,



respondents were asked if certain services were covered by their insurance. There was a great deal of misperception on the part of consumers, even though they presumably had received information on their coverage from their insurers. Marquis, Davies, and Ware (1983) also found that consumers are not knowledgeable about the amount they paid for premiums. More than 40% of the respondents made errors of greater than 25%; in one study, 31% of the respondents made errors in excess of 75%. There is similar evidence that elderly individuals are ill-informed about their insurance. Federa and Ottinger (1991), citing work done for the American Association of Retired Persons (AARP) by the Daniel Yankelovich Group (1990), report that 33% of adults older than 65 years believe that Medicare covers a significant portion of long term care cost, and only 6 % thought they would need to rely on Medicaid for long term care.

#### Sources of Information for Health Care Decisions

Consumers rely heavily on information provided by friends, relatives, and neighbors in selecting health plans. The importance of lay referral in the evaluation of health care providers has been clear since the late 1950's. Rudd and Glanz (1990) reviewed ten studies conducted between 1975 and 1987 that examined the reasons people choose a particular provider. The lay network exerts a major influence on choice of provider.

Marquis, Kanouse, and Brodsky (1985) hypothesized that the most knowledgeable consumers are those who have just changed providers. They argue that the decision to change providers often reflects an unsatisfactory experience with a provider and that consumers who change are more likely to comparison shop to avoid the same problem with their new provider. Glanz and Rudd (1990) summarized the results of studies of "doctor shopping." Again, even for "doctor-shoppers," the lay network seems to be an important source of information. Attitudes towards health plans are likely to be based on a combination of the individual's own experience and the shared experience of others. The information contained in report cards, while more systematic than the information obtained from informal sources, is less personal. It is not clear that consumers will value report card information sufficiently to alter their existing attitudes towards health plans. This study attempted to determine if report cards have a significant effect on attitudes towards health plans (research question number two).

The weight that consumers will give to report card information, relative to other information sources, is questioned by the results of a survey conducted by the Harvard Community Health Plan (1994). This survey found that consumers placed a lower value on the type of information contained in most report cards compared with the recommendations of friends, relatives, and coworkers.

#### Consumer Choice of Health Plan

Studies of health plan choice have been reviewed by several authors, including Hellinger (1982), Wilensky and Rossiter (1986), Luft and Miller (1988), and Mechanic (1989). Most of these studies have focused on issues related to adverse or favorable selection into health maintenance organizations (HMOs). In general, it appears that group and staff model HMOs enjoy favorable selection (i.e., attract healthier than anticipated enrollees) relative to fee-for-service plans but that independent practice association (IPA) model HMOs do not. Mechanic's summary of the literature on health plan choice in the pre-report card era found that the continuity of the doctor-patient relationship, cost, and the special needs of the enrollee or a family member are the most important factors in the selection of a health plan (Mechanic, 1989). It is not clear whether the information contained in report cards will be regarded

as important enough, relative to these considerations, to influence the choice of a health plan. The third research question addressed this issue.

Two articles on the choice of HMOs are particularly relevant for this study because they are set in the Twin Cities (the setting for this study). Feldman et al. (1988) estimated the demand for health plans by employees in seventeen firms in the Twin Cities. Their analysis was based on 900 employees who chose individual coverage. They found that employees are very sensitive to out-of-pocket premiums, controlling for other plan characteristics. Dowd and Feldman (1994) examined the relationship between the characteristics of Medicare beneficiaries and their choice of health plan in the Twin Cities during 1988. Their analysis, which was based on 2,377 completed interviews, found a relatively complex relationship between enrollee characteristics and the choice of a health plan.

### Effects of Health Plan Report Cards on Consumers

The literature that describes the most direct attempts to assess health plan report cards has generally been limited to the results of focus groups. The purpose of the focus groups typically has been to determine what information consumers want to have or what reporting formats are most understandable (Gibbs, Sangl, Burrus, 1996; Jewett and Hibbard, 1996; Hibbard and Jewett, 1997; State Health Watch, 1996; Moskowitz, 1997). These focus group studies often have been conducted as part of the development and evaluation of a specific report card. The overall objective of these focus groups is to improve the content and reporting formats of report cards (Robinson and Brodie, 1997; Sofaer, 1997). A few recent studies have been conducted using surveys of randomly selected samples of health care consumer populations (Tumlinson et al., 1997). For the most part, their purpose has been to assess consumer use of, and opinions about, the content and format of the report card. Few studies have addressed the effects of report cards on consumer knowledge about the available health plans, attitudes regarding the selection of a health plan, evaluations of health plans, or the actual selection of a health plan.

### Limitations in the Existing Literature

Questions regarding the actual influence of report cards on consumer knowledge of, attitudes about, and choice of health plans have not been investigated. It is likely that the influence of a consumer report card is related to household and consumer characteristics and to the related decision-making processes. One of the most prominent characteristics is whether the decision to join one plan or another is made for one individual or an entire family. Previous work has demonstrated a significant difference in the decision process for individuals who select single coverage and those who select family coverage (Feldman et al., 1988). Feldman et al. (1988) also found that those choosing family coverage are less responsive to out-of-pocket premium cost than those selecting single coverage. While this effect is not surprising in itself, the difference in magnitude is. It takes about twice the dollar increase to produce the same market change in a family coverage plan as in a single coverage plan, suggesting that non-financial aspects are more important for those choosing family coverage than for those selecting single coverage.

Consumer characteristics may also modify the influence of the report card. In a study of Medicaid beneficiaries, Moscovice and colleagues (Moscovice, Finch, and Lurie, 1989) explored the decision making process of individuals with chronic mental illness in choosing a managed care plan. This choice, as for many who have a chronic illness, requires that different care needs be balanced. Thus, the beneficiary picks a plan not only based upon the level and quality of mental health care

provided, but also on the level and quality of the physical health care available. The study found that mental health providers were equally important for the choice of health plan as physical health providers. While limited to one study and one chronic disease, this finding suggests that individuals with chronic conditions face a somewhat different set of considerations in their choice of health plan. People with chronic diseases may be more responsive to additional information than those without chronic conditions (Marquis, Kanouse, and Brodsky, 1985; McGee and Knutson, 1994). Those without chronic disease may weigh price more heavily in making their decisions, while those with chronic diseases may place greater emphasis on access to services and continuity of provider.

Other factors related to existing attitudes also may influence health plan choice. For example, the satisfaction of consumers with their current health plan, or their attachment to a specific provider, may influence the use and impact of a report card.

### Study Setting

To answer the research questions, this study compared several different samples of employees (described below) from the State Employee Group Insurance Program (SEGIP). The SEGIP, which enrolls 57,000 employees statewide, with 144,000 covered lives including dependents, provided an appropriate real-world setting in which to undertake this study. It has been identified nationally as a model for managed competition (Feldman and Dowd, 1993) and cited for its ability to constrain premium increases through the use of competing health plans. The SEGIP is also a pioneer in the development and dissemination of consumer report card information to employees and their families.

### History and Operations of the State Employee Group Insurance Program

During the early 1980's, by state law, any HMO that wished to be offered to Minnesota State employees was allowed to participate in the SEGIP. As a result, the State offered a large number of HMOs to its employees—sometimes as many as ten. By the same law, the State's contribution to the cost of health care was tied to the fee-for-service premium—100% contribution for employee coverage and 90% for dependent coverage. Employees did not receive a premium rebate if they picked an HMO that cost less than the fee-for-service plan, but they had to pay the difference if they picked a more expensive plan. Under these conditions, HMO rates tended to cluster near fee-for-service rates.

In 1985, the State consolidated its HMO offerings and changed the basis for determining its premium contribution. The number of HMOs participating in the SEGIP fell to six by 1990 (with the number available to any particular employee dependent on where the employee lived and worked within the State). Offering fewer HMOs resulted in larger market shares for the remaining plans and provided a chance for an HMO to gain more enrollees by offering an attractive, well-managed plan. Offering fewer HMOs also diminished the prospects for biased selection.

The most significant reform during this period, however, was a change in the formula for determining the employee's contribution. Under the new formula, which was implemented in the 1986 contract year, the State continued to pay 100% of the premium for employee coverage and 90% for dependent coverage, but the contribution was based on the low cost health plan in each county, rather than the fee-for-service premium. Over time, the HMO rates trended downward relative to the rates offered by the fee-for-service alternative until, in 1989, seven different HMOs were low cost plans in at least some part of the State. Since 1989, the percentage annual increase in total expenditures by the State and its employees has fallen steadily and was less than 3% in 1993 and 1994, reflecting, in large

part, the willingness of State employees to switch health plans to secure lower out-of-pocket premium contributions. This policy was continued in 1995 and in 1996. Feldman and Dowd (1993) evaluated the impact of the new contribution formula by simulating the expenditures that would have occurred if the plan switching had not taken place, and found that health plan switching saved state employees \$3.8 million in 1993 alone.

#### The Annual Open Enrollment Process

The SEGIP begins the enrollment process each year in March by mailing specifications for proposals to the health plans that have indicated their interest in participating. In late April or early May, the health plans meet with SEGIP representatives and present their two-part proposals. The first part lists the participating providers in the health plans and the capacity of each provider. The plans must also indicate which providers are accepting new patients. The second part of the proposal, the proposed rates, must be supported by demographic information and a description of the key assumptions and methods used to project utilization and establish prices. At this point in the negotiation process, each plan is unaware of the premium quotations of the competing health plans. Premiums are finalized each year around June 30. The printing deadline for the fall open enrollment materials is mid-August. Around September 15, the open enrollment packet is mailed to employees. This packet contains a spreadsheet comparing coverage options and premiums for each of the health plans offered by the State, and describes major changes that have occurred since the last enrollment. Enrollment takes place between October 1 and October 31. If an employee does not make a change by October 31, the employee (and family) continues in the same health plan. If the employee chooses a new plan, coverage under the new plan begins on the first day of the new contract year, which is based on a calendar year. This enrollment does not prevent the employee from obtaining care under the insurance of a spouse or from purchasing care or insurance out-of-pocket.

#### Use of Health Plan Report Cards

Periodic employee surveys were first implemented by the State of Minnesota Joint Labor-Management Committee on Health Plans. Labor and management have shared a goal of educating employees and encouraging them to make informed decisions on health benefits. This goal assumed more importance in 1989 when the state government decided to base its health care contributions on the lowest priced option in each county. The purpose was to document that quality was not being sacrificed as these mechanisms to increase consumer price sensitivity were implemented.

Converting the State's traditional fee-for-service plan to a preferred provider organization (PPO) in 1990 was yet another step toward the managed competition that labor and management deemed essential. Not surprisingly, that move also created controversy and left many employees trying to figure out what plan to join to keep their physician, or what plan to join now that they could not keep their physician. Those changes, coupled with wide variation in price, meant that many employees were at least considering a change in health plans. In addition to providing information on benefits and price of health insurance, the State wanted to give employees additional information on how the health plans were performing in areas that presumably mattered to employees: finding a primary care physician, waiting times, or the quality of care for children.

The SEGIP contracted with the Minnesota Coalition on Health, an independent, nonprofit entity, to design and conduct the first employee survey in 1991. The questionnaire for the 1991

survey was an adaptation of the Group Health Association of America (GHAA) questionnaire. This evaluation explored employees' reactions to the report card that had been contained in their open enrollment packets in 1991. To encourage improvement in these areas, the State decided to engage the health plans in activities to improve their performance on selected report card measures.

During open enrollment in 1991 and again in 1993, State of Minnesota employees received a brochure that showed how a sample of state employees rated the care and service they had received from their health plan. The brochure used graphs to summarize employees' "poor" to "excellent" judgments about quality of care, availability of care, and quality of customer service. The survey was repeated in spring 1995 (Appendix H). After the initial survey results were made public during the 1991 open enrollment period, the Joint Labor Management Committee wanted to assess the impact of the report card. An evaluation was conducted (McGee and Hunter, 1992), based on individual interviews with 79 state employees.

Two-thirds of the employees who were interviewed as part of this evaluation remembered seeing the brochure summarizing survey results, and nearly all of those who saw it had read it to some extent. While most of the interviewees indicated that cost and choice of physician were the main factors in their decisions, they regarded the survey results as useful supplemental information. "This assured me that I wasn't going to regret [changing health plans]," noted one interviewee. Another interviewee commented, "I was thinking of switching, but when I saw the high ratings of my plan compared with others, I decided not to." In general, interviewees said that the brochure covered topics important to them, and they felt that it was worthwhile for the State to collect this type of information and distribute it to employees.

Overall, immediate personal relevance seemed to be the most important influence on whether, and how, people used the brochure. Employees who were contemplating a change in health plan used the brochure to reassure themselves that their choice, typically based on price or physician availability or both, was not likely to result in poor quality care or other problems. Even if they were not contemplating change, many employees scanned the brochure, comparing their impressions of their plan with fellow employees' impressions. The impact of the comparative information on employees' decision-making depended on how employees interpreted the information and whether it differed from their expectations. The interviews showed that interpretations were highly personal; different people tended to draw different conclusions from the same information.

Based on these interviews and on discussions with members of the Joint-Labor Management Committee and representatives of the health plans, the questionnaire and the format for presenting survey results were both substantially revised in 1993. To help support quality improvement efforts, the questionnaire was changed to include separate ratings of adults' primary care, children's primary care, and specialty care, plus problem-focused questions that dealt with specific issues related to quality of care, access to care, and quality of customer service from both the physician's office and the health plan. Other new topics included self-rated healthiness of lifestyle, the extent to which patients receive and use advice on wellness and prevention, and the degree of patient involvement in health-related decision making.

The general categories covered in the 1993 brochure included:

- overall satisfaction with the health plan and with health care;
- the quality of customer service provided by the health plan and by the individual's primary care office or clinic;
- the technical quality of care (enrollee's perspective on physicians' knowledge, skill, thoroughness, and follow-through);
- the quality of communications with the physician and other health plan professionals;
- access to care, including ability to obtain after-hours and urgent care, and waiting times at primary care office; and,
- problems related to access or quality of care (McGee, 1993).

The employee survey was repeated in 1995, using essentially the same questionnaire and methodology as in 1993. Telephone interviews were again conducted in the spring of 1995, and survey results were distributed in the fall as part of the open enrollment materials. One important change from 1993 was the inclusion of data showing the changes between 1993 and 1995 (results for 1991 and 1993 were not compared because the 1991 questionnaire was extensively revised before use in 1993). The brochure was redesigned as a Consumer Reports-style grid showing 1995 plan comparisons. It was expanded to include summarized 1993 to 1995 change data for the subset of areas that had been targeted by the State for improvement. The redesign of the brochure was guided by extensive pretesting.

The report card was mailed to all state employees except those who worked for the University of Minnesota system. These state (nonUniversity) employees comprise the intervention group in the current study. Legally, the University is an autonomous system. Even though the State allows the University to participate in the SEGIP, it does not cover the costs of the enrollment materials for University employees. The University uses the same plan spreadsheets as the SEGIP and mails them to its employees at University expense. Because of budget constraints, the University to date has chosen not to purchase and distribute the State's report card to its employees. The University employees constitute the control group in the current study.

Throughout the remainder of this report, we will refer to the intervention group as State employees and the control group as University employees.

## Methods

### Study Design

We used a quasi-experimental nonequivalent control design to address the study questions (Campbell and Stanley, 1963). Data were collected before and after the open enrollment periods for State and University employees (Table A).

Table A  
Study design, by enrollment time and study group: Minnesota, 1995

Study group	Enrollment time		
	Pre-enrollment	Enrollment	Postenrollment
State employees	O <sup>1</sup>	X <sup>2</sup>	O
State employees		X	O
University employees	O		O
University employees			O

<sup>1</sup> O is the administration of a survey.

<sup>2</sup> X is the distribution of the report card to State employees.

Two study samples were drawn, based on whether the employee had a single or family coverage policy. For each type of coverage, four samples were surveyed by telephone. Two samples were formed through random sampling of State employees in the Minneapolis-St. Paul metropolitan area, all of whom received the report card, and two samples were formed through random sampling of University employees in the Twin Cities, none of whom received the report card. One State and one University sample was surveyed before open enrollment. The remaining two samples were not surveyed before open enrollment. All samples were surveyed at postenrollment.

### Eligibility

The Twin Cities University employee population had a much higher proportion of faculty than the State employee population, although the State employee population included some community college and state university faculty. To avoid potentially large differences in educational levels between the two groups, faculty members were excluded from both samples. Sample members were required to be full-time employees because only these employees were eligible for health coverage. Employees also had to work and reside in the seven-county Minneapolis-St. Paul metropolitan area. Employees were eliminated from this study if they were involved in conducting the study or were judged atypical from the perspective of health-benefit eligibility. The eliminated groups included Department of Employee Relations staff and members of the state legislature. If an employee's employment status changed during the study period, he or she was dropped from the study. Additionally, employees who changed from a single policy to a family policy or vice versa were eliminated. As identified during respondent screening, University

employees whose spouse was employed by the State were dropped from this study because those households would have received a report card.

### Sample Size and Response Rate

There were 3,573 completed telephone interviews. The response rate was 74% for the pre-enrollment survey and 85% for the postenrollment survey. All refusals and non-contacts were included in the denominator when calculating response rates. The number of respondents among the eight samples ranged from 385 to 431.

### Analysis

Administrative data were available on age, gender, and health plan enrollment for nonrespondents. No statistically significant differences were found between nonrespondents and respondents on these characteristics.

Respondents in the State and University groups were compared on several characteristics. Significant differences were found with respect to age, sex, educational level, income, presence of chronic disease in family, whether the employee or spouse worked in a medical setting, and 1995 health plan. These characteristics all were included in subsequent multivariate analyses as control variables.

The dependent variables included in this study were:

- knowledge of the five health plans' characteristics at postenrollment,
- change in knowledge of the five plans' characteristics from pre-enrollment to postenrollment,
- perceived level of knowledge of health plans at postenrollment,
- change in perceived level of knowledge of health plans from pre-enrollment to postenrollment,
- relative importance of cost and quality attributes at postenrollment
- change in the relative importance of cost and quality-related health plan attributes,
- change in ratings of the quality of respondents' own plan,
- change in ratings of the quality of other plans,
- rate of switching health plans,
- reasons for 1996 health plan choice for both switchers and non-switchers, and
- number of information sources used in choosing respondents' health plan

There was an error in the initial sample identification for State employees. The pre-enrollment sample unintentionally excluded individuals who had switched plans in 1995 and also those who had been hired between April 1994 and March 1995. This error was not detected until the pre-enrollment survey responses were analyzed. The problem was corrected in the postenrollment-only group sample. We added questions to the postenrollment-only survey sample to provide as much information as could be validly obtained pertaining to the pre-enrollment characteristics of the respondents. There was no way, however, to obtain pre-enrollment knowledge and attitudes in the postenrollment survey for these missing employees.

To adjust for this problem, we included a variable in the multivariate analysis of pre-post comparisons indicating whether a respondent had switched plans in 1995 and also a variable on



length of employment. This analytic approach helps control for the difference on these characteristics between the State and the University pre-enrollment-postenrollment samples.

To determine if the pre-enrollment survey may have sensitized the respondents by drawing their attention to the enrollment process or, more specifically, consumer information related to the enrollment process, we compared the State respondents who had been surveyed only at postenrollment with State respondents who had been surveyed both at pre-enrollment and at postenrollment on all dependent variables, listed in Table 3. We performed the same analysis for University respondents. We found no statistically significant differences between respondents who had been surveyed at pre-enrollment and their counterparts (State or University) who had been surveyed only at postenrollment, allowing us to conclude that there was no pretest sensitization.

In a longitudinal study such as this, there is always the possibility of contamination by some external event. About the same time that the Minnesota Department of Employee Relations distributed their report card to employees in enrollment materials sent to their homes, the Minnesota Health Data Institute disseminated a somewhat similar comparison of health plans as a supplement in the local newspaper. To track this event, we asked respondents whether they saw and read this community-wide report card. Only about one-fourth of both the State and University respondents reported seeing the newspaper report card. We compared those State employees who saw or read both report cards with those who saw only their employer report card on all dependent measures. No statistically significant difference was found in their evaluations of the DOER report card indicating that the community-wide report card had no discernible influence on the effect of the employer-sponsored report card. A more complete analysis comparing responses to both report cards was reported in a recent article in *Health Care Financing Review* (Knutson et al., 1996) (See Appendix G.)

A set of independent variables was developed based on the theoretical and empirical literature described above (Table 2). We tested the influence of the report card on several dimensions. We initially analyzed the differences between the State and University using bivariate analysis. We proceeded with multivariate analysis when bivariate analysis revealed statistically significant differences. Based on the literature, we identified subsamples who we hypothesized would be more responsive to report cards. For example, we compared State respondents who read "most or all" of the report card with those who "just glanced through it." When appropriate, we conducted separate analyses on respondents who switched plans in 1996 to determine whether they differed from those who remained with their 1995 health plan. This group, it could be argued, would find the report card more relevant and would be more likely to be influenced by it.



## DISCUSSION

### Knowledge about Health Plan Benefits

#### Effect of Report Cards on Employees' Knowledge of Plan Benefits

The literature suggests that large numbers of consumers are not well-informed about their health insurance coverage despite receiving coverage information on an annual basis. Certainly, report cards contain different types of information than the sort of information typically provided on coverage by employers to their employees. However, the report card information could sensitize consumers to the trade-offs that occur in choosing a health plan, causing them to pay greater attention to features of health plans, such as covered services and out-of-pocket payments, that are contained in traditional employer-provided spreadsheets. This study examined whether or not the availability of report cards was associated with better-informed consumers. Five measures of health plan knowledge were used:

- whether your health plan offers health education programs (yes or no);
- how much your health plan pays for urgent care (all, some, or none);
- how much your health plan pays for hospitalizations (all, some, or none);
- whether your health plan requires referral to see a specialist (yes or no);
- whether the five health plans offer the same or different coverage for prescriptions (different or same).

Table B indicates the correct answers for each plan. The effects of the report cards on knowledge were examined by defining knowledge in two different ways. First we considered absolute knowledge, defined as the degree of correctness for five measures of knowledge at the time of postenrollment measurement. Then we assessed the change in knowledge from pre-enrollment to postenrollment.

Table B

Correct answers to knowledge questions, by benefit and health plan: 1995 and 1996

Health plan <sup>1</sup>	Benefit				
	Education programs <sup>2</sup>	Urgent care <sup>3</sup>	Hospital <sup>4</sup>	Referral to specialists <sup>5</sup>	Prescriptions <sup>6</sup>
Group Health	Yes	Some	All	Yes	Different
MedCenters, 1995 only	Yes	Some	All	Yes	Different
HealthPartners, 1996 only	Yes	Some	All	Yes	Different
Medica Premier	Yes	Some	All	No	Different
Medica Primary	Yes	Some	All	Yes	Different
State Health Plan	Yes	Some or None	All or Some	No	Different
State Health Plan Select, 1996 only	Yes	Some or None	All	Yes	Different

<sup>1</sup> There were no changes in benefits for a particular plan between 1995 and 1996.

<sup>2</sup> Does [Health Plan] offer any programs for its members that help them to deal with stress, improve their nutrition, stop smoking, and so on?

<sup>3</sup> If you receive urgent care at an urgent care center [and this visit is authorized by your primary care doctor], will [Health Plan] pay all of the cost, some of the cost, or none of the cost?

<sup>4</sup> Will [Health Plan] pay all, some, or none of the cost for a general hospital admission, not including mental health or chemical dependency admissions?

<sup>5</sup> Do you need to get a referral or permission from your [Health Plan] primary care doctor in order to see a [Health Plan] specialist such as an allergist or dermatologist, and this specialist is part of [Health Plan] and have it paid for by [Health Plan]?

<sup>6</sup> Do the 5 (or 6, 1996) health plans offered by the [State/University] to its employees in the Twin Cities Metro Area have different coverage for prescription drugs, or is prescription coverage the same for all 5 (or 6) plans?

Based on a chi-square analysis comparing State (intervention) and University (control) employees' knowledge of each benefit, there was no discernible effect of report cards on absolute knowledge at postenrollment; that is, there was no difference in absolute knowledge between the intervention and control group at postenrollment for any health plan benefit (Table C).

Table C  
Employees' absolute knowledge of benefits, by coverage type, study group benefit: Postenrollment

Benefit	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Education programs				
Correct	67.3	63.7	69.1	68.7
Don't know	27.9	31.3	25.2	26.8
Incorrect	4.8	5.0	5.7	4.6
Urgent care				
Correct	50.8	52.5	57.1	61.9
Don't know	19.0	14.9	11.1	6.5
Incorrect	30.2	32.6	31.8	31.6
Hospitalization				
Correct	67.3	73.1	77.4	80.0
Don't know	11.2	11.0	6.8	5.5
Incorrect	21.6	15.9	15.8	14.5
Referral to specialist				
Correct	54.3	46.7	65.8	61.0
Don't know	11.7	11.0	7.3	7.0
Incorrect	34.0	42.3	26.9	32.0
Pharmacy coverage				
Correct	66.4	66.0	68.6	69.5
Don't know	20.2	21.8	17.0	18.9
Incorrect	13.4	12.2	14.4	11.5

We examined how often respondents attempted to answer each knowledge question. Respondents were most likely to provide answers for the item on hospital coverage and the item addressing need for referral to specialists. There were the fewest "don't knows" for these two items. Only about 7% of respondents with family coverage and 11% with single coverage responded "don't know" to these items. People were most likely to respond "don't know" about coverage for health education programs; over 25% of the respondents did not know whether coverage was available for these programs.

Although people frequently gave answers, they did not always give the correct answer. (The percentage correct for hospital coverage for the two point-of-service plans was high because either of two answers was judged to be correct.) Surprisingly, considering the frequency with which people use this benefit, people were unlikely to know about differences in prescription coverage. About 20% of the respondents did not know whether copayments for prescriptions differed across plans, and more than 10% answered incorrectly.

The second approach to measuring knowledge examined changes in knowledge of health plan benefits from pre-enrollment to postenrollment. Changes can be classified as follows:

Table D

Classification of change in employees' knowledge, by correct, don't know, incorrect:  
Pre-enrollment to postenrollment

Pre-enrollment knowledge	Postenrollment knowledge		
	Correct	Don't know	Incorrect
Correct	unchanged	worse	worse
Don't know	better	unchanged	worse
Incorrect	better	better	unchanged

Using the chi-square statistic, we compared State with University employees for change in knowledge of each health-plan benefit. As can be seen in Table E, there was no discernible effect of report cards on changes in knowledge scores, either for people with single coverage or people with family coverage. The changes for the State respondents were not different from the changes for the University respondents for any benefit. Between two-thirds and three-quarters of knowledge scores were unchanged for any of the five items. Approximately equal proportions got better and got worse, perhaps reflecting random variation. There was no difference in knowledge change scores for respondents with single or family coverage.

Table E

Change in employees' knowledge of benefits, by coverage type, study group: Pre-enrollment to postenrollment

Benefit	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Education programs				
Better	17.3	21.9	15.6	15.9
Unchanged	71.1	68.2	72.4	76.4
Worse	11.7	9.9	12.0	7.7
Urgent care				
Better	19.3	20.9	17.0	16.6
Unchanged	58.4	56.7	63.0	68.0
Worse	22.3	22.4	20.0	15.4
Hospitalization				
Better	13.4	12.8	13.9	12.8
Unchanged	69.5	74.7	72.6	77.4
Worse	17.0	12.5	13.4	9.9
Referral to specialist				
Better	17.5	13.9	10.8	13.0
Unchanged	65.7	72.2	75.7	75.7
Worse	16.8	13.9	13.4	11.3
Pharmacy coverage				
Better	14.2	11.8	12.9	9.7
Unchanged	69.2	67.6	68.3	73.4
Worse	16.5	20.5	18.8	16.9

# Effect of Report Cards on Employees' Perceived Knowledge of Plans

It is possible that knowledge levels as represented by these test statements did not change, but that people who had received report cards would be more likely to perceive that their knowledge had changed. We measured perceived change in knowledge with the following item that was asked both at pre-enrollment and postenrollment:

"Overall, how much do you feel that you know about the five health plans offered by the [State/University] to employees in the Twin Cities Metro area and how these plans compare with each other? 1 = a great deal, 2 = a fair amount, 3 = a little, 4 = almost nothing or nothing at all." (pre-enrollment version)

The analysis was similar to that for our absolute knowledge measures. First, we compared the perceived level of knowledge at postenrollment between the State and University employees.

Table F

Employees' perceived knowledge by coverage type, study group: Postenrollment

How much do you know?	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
	Percent			
A great deal	4.6	3.6	6.4	9.4
A fair amount	41.0	37.4	42.6	44.5
A little	33.3	39.7	33.8	31.0
Almost nothing or nothing	21.1	19.2	17.3	15.1

As can be seen in Table F, there was no difference in the perceived knowledge between State and University. Using a chi-square analysis, we found no effect of report cards on perceived knowledge at postenrollment for employees with either single or family coverage. Very few respondents felt that they knew a great deal, while almost 20% reported that they knew almost nothing or nothing.

We also examined the change in perceived knowledge from pre-enrollment to postenrollment (Table G). A gain in perceived knowledge was defined as giving a response to a higher category at postenrollment compared with pre-enrollment, e.g., if a respondent reported that they knew "a little" at pre-enrollment and that they knew "fair amount" at postenrollment.



Table G

Change in employees' perceived knowledge, by coverage type, study group: Pre-enrollment to postenrollment

Direction of change	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Gain in knowledge	24.9	16.7	25.1	21.3
Stayed the same	52.4	60.2	55.7	55.6
Loss in knowledge	22.6	23.2	19.2	23.2

There was a significant difference in change in perceived knowledge between the State and University employees with single coverage (chi square 8.5,  $p < .05$ ), but not for employees with family coverage. At the bivariate level, the State employees with single coverage were more likely to report a gain in perceived knowledge.

This finding, however, may have been due to previously described differences in the characteristics of the State compared with University populations. To explore this initial result further, we conducted a pairwise logistical regression analysis. The dependent variable was the proportion reporting a gain in perceived knowledge, first compared with the proportion who "stayed the same," and then compared with the proportion with a "loss of perceived knowledge." The control variables were the characteristics that differed between the State and University samples: age, gender, educational level, presence of chronic disease in the family, income level, whether either self or spouse worked in a clinic, whether the employee had switched health plans the previous year, and the number of years the employee had been with the employer. Binary variables were used for the health plan in 1996 (with Group Health used as the reference group) and for the State or University (with the University used as the reference group). Results of the logistical regressions confirmed the initial finding: State employees with single coverage were twice as likely to report a gain in perceived knowledge (Odds Ratio [OR] 1.93, 95% Confidence Interval [CI] 1.23, 3.04).

## Attitudes about Health Plans

### Stated Preferences for Quality versus Cost

Because report cards focus on various attributes of health-plan quality, we hypothesized that receiving a report card could change the recipient's relative weighting of health plan quality characteristics compared with cost. In other words, the State employees might place increased importance on quality attributes relative to cost at postenrollment when compared with the University employees.

There were nine health-plan attributes rated for importance in the questionnaires, but in this analysis we report only the two attributes that were directly related to content of the report card and the one attribute related to cost. Respondents were asked, "How important is:

- 1) the quality of customer service you get from your health plan,
- 2) the length of time between making an appointment and actually getting in to see the doctor,
- 3) keeping the amount of the health insurance premium that you personally have to pay as small as possible."

Responses to these questions were reported on a five-point Likert-type scale where 1 = extremely important, 2 = very important, 3 = somewhat important, 4 = not very important, and 5 = not at all important. Because of the infrequent use of the last three categories ("somewhat important," "not very important" and "not at all important"), they were collapsed for the bivariate analyses (Table H).

Table H

Preferences for quality and cost by coverage type, study group: Postenrollment

Attribute	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Customer service vs. premium				
Premium more important	23.6	26.2	19.7	28.2
Same importance	48.2	51.6	50.0	43.9
Customer service more important	28.2	22.2	30.3	28.0
Time between making appointment and visit vs. premium				
Premium more important	20.5	22.4	21.3	22.4
Same importance	49.9	48.6	48.6	49.4
Time more important	29.6	29.0	30.1	28.2

Table H shows the preferences for quality characteristics compared with cost at postenrollment. At the bivariate level, there were no differences in preferences of quality attributes compared with cost for State compared with University employees with single coverage. However, at postenrollment, State employees with family coverage were less likely to report that cost was more important than customer service (and more likely to give customer service and cost equal importance) (chi square = 8.4,  $p < .05$ ). This pattern for State employees with family coverage was not sustained for the other quality/cost comparison that compared the time between making an appointment and the visit versus cost.

As in the analysis of the gain in perceived knowledge reported above, this finding may have been due to differences in the characteristics of the State and University populations. To explore this initial result further, we conducted a pairwise logistical regression analysis. The dependent variable was the proportion who gave cost a higher importance rating than customer service, first compared with the proportion who gave the two measures the same rating and then compared with the proportion who gave customer service a higher importance rating than cost. The control variables were the same as in the previous analysis. In the multivariate analysis, there was no difference between State and University employees with family coverage (cost rating vs. stayed

the same: OR 0.70, 95% CI 0.46, 1.06; customer service rating vs. stayed the same: OR 0.94, 95% CI 0.64, 1.38).

It may be possible that, even though the relative ranking of cost and quality attributes was the same at postenrollment, that there was a greater shift in quality ratings than costs ratings from pre-enrollment to postenrollment. To test this hypothesis, we examined the change in relative importance of these three attributes from pre-enrollment to postenrollment. If our hypothesis is true, we should see a greater increase in ratings of the quality attributes from pre-enrollment to postenrollment than in the rating of the cost attribute (Table J).

Table J

Change in preferences for quality and cost by coverage type, study group:  
Pre-enrollment to postenrollment

Change in attribute	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Customer service vs. Cost				
Cost more important	13.7	11.8	13.1	15.7
Unchanged	47.5	50.8	42.8	49.5
Customer service more important	38.8	37.4	44.2	34.8
Time between making appointment and visit vs. Cost				
Cost more important	11.9	12.7	11.5	10.6
Unchanged	52.8	50.7	49.6	52.5
Time more important	35.3	36.7	38.8	36.9

As shown above, there were no differences between State and University employees with single coverage. However, State employees with family coverage were more likely to report a change in the relative importance of the quality of customer service and cost. More of them reported an increase from pre-enrollment to postenrollment in the rating of customer service compared with cost (chi square = 7.7,  $p < .05$ ).

As in the previous analysis, this finding, may have been due to differences in the characteristics of the State and University populations. To explore this initial result further, we

conducted a pairwise logistical regression analysis. The dependent variable was the increase in proportion that gave cost a higher importance rating than customer service from pre-enrollment to postenrollment, first compared with the increase in the proportion who gave them the same rating and then compared with the increase in the proportion that gave customer service a higher importance rating than cost. The control variables were the same as in the previous analysis. In the multivariate analysis, there was no difference between State and University employees with family coverage (increase in cost rating vs. stayed the same: OR 1.11, 95% CI 0.79, 1.58; increase in customer service rating vs. stayed the same: OR 1.02, 95% CI 0.60, 1.74).

#### Effect of Report Cards on Employee Ratings of the Quality of Available Health Plans

Specific dimensions of consumer attitudes regarding health-plan quality have been addressed in the literature (Ware and Snyder, 1975). The concept of health care quality is "so broad and multifaceted that the issue becomes obfuscated and confused" (O'Connor and Bowers, 1990). But, in the end, the dimensions of quality and the relative preferences of consumers can be summarized by a rating of each health plan's overall quality. If the differences in the performance of available health plans are meaningful differences to employees, these differences should influence their ratings of the quality of the available health plans. Even if employees perceive that the report card shows a uniformly high level of satisfaction of members with all the available plans, the ratings should also reflect this perception. Because the purpose of the report card is to provide information on comparative health plan quality, it could have an effect on consumer ratings of health plans. Is there a relationship between the report card ratings of health plans and employee ratings of health plans on the dimension of quality?

To address this question, we asked subjects to rate the quality of each of the health plans on a scale from 1 to 10, with 1 being the lowest quality and 10 the highest. The question, "Based on whatever impressions you have, please rate the overall quality of (name of health plan)," was asked for each available health plan individually. One way to detect the influence of the report card is to determine whether the opinions of employees about the plans available to them are influenced by the comparative information provided in the report card.

We conducted bivariate analyses comparing University and State changes in mean ratings of health plan quality both for respondents' ratings of their current (1995) plan and their mean ratings of each of the other plans. Most employees have no personal experience (and none has recent experience) with the other plans. Therefore, their opinions about the quality of the other plans are more likely to be influenced by the report card than are their opinions regarding their own plan.

A number of alternative effects are possible. For those who viewed all plans other than their own as lower quality, the report card could demonstrate that other plans were more similar to their own plan than expected. For those who believed that the quality of all available plans was about the same, or that quality was related to specific physicians, but not the plan, the report card could reveal greater variation in quality than they expected. For those who believed that the quality of available plans differed greatly, the report card could reveal greater similarity than expected.

All of these possibilities can be summarized as pre-enrollment to postenrollment changes in the mean ratings of plans. To test the effect of the report card on employees' ratings of health plans, we analyzed the difference between the State and University respondents in the magnitude

and direction of changes in respondents' mean quality ratings of the health plans between pre-enrollment and postenrollment, differentiating plans only on the basis of whether the plan was the employees' own plan in 1995. A further analysis was conducted that included the employees' 1996 plan as their own plan together with their 1995 plan. While it can be argued that employees who switched health plans in 1996 had not had any significant experience with their 1996 plan, their possible attempt to rationalize their selection may have influenced their ratings of their 1996 plan.

The analysis reported in this section includes only those employees who rated each of the plans in both the pre-enrollment survey and the postenrollment survey. Mean quality ratings for the pre-enrollment survey and the postenrollment survey are displayed in Table K.

Table K

Employee ratings of the quality of their own and other health plans, by coverage type, study group:  
Pre-enrollment and postenrollment

Study period	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Mean score <sup>1</sup>				
Pre-enrollment				
Quality of own plan	7.84	7.86	7.84	7.78
Quality of other plans	6.79	6.84	7.04	6.87
Postenrollment				
Quality of own plan	7.90	7.93	7.85	7.89
Quality of other plans	6.93	6.93	6.99	6.99

<sup>1</sup> Scale from 1 (low quality) to 10 (high quality)

We found no statistically significant differences between the State and University mean quality ratings for respondents' own 1995 plan at pre-enrollment. Respondent ratings for other 1995 plans were slightly lower than ratings for their own plan, as might be expected, and again there was no difference between the State and University mean quality ratings at pre-enrollment. Ratings of other plans did not change significantly at postenrollment. There was no statistically significant difference between the State and the University.

When we excluded the respondents' 1996 plan, as well as their 1995 plan, the mean quality ratings for "other" plan at pre-enrollment was not significantly changed. The means for the

State and University were 6.95 and 6.82 respectively for family coverage and 6.78 and 6.81 for single coverage. Mean quality ratings of other plans at postenrollment did not significantly change from pre-enrollment ratings.

When the 1996 and 1995 plans for employees who switched plans in 1996 were excluded from the "other" plan category, the overall ratings of other plans at postenrollment remained unchanged. There was no statistically significant difference between the State and the University (family coverage = 6.87 and 6.91 respectively; single coverage = 6.85 and 6.86).

Although no difference was detected in the bivariate analysis, we conducted a regression analysis to determine whether there was a relationship between pre-enrollment and postenrollment changes in mean quality ratings of health plans, controlling for other variables that differentiated the State from the University.

There was a decrease in the mean quality rating score for both their own and other plans for respondents who were enrolled in the State Health Plan, which had made unpopular network and benefit changes just before open enrollment. For respondents with single coverage, higher education was also related to a decrease in the mean quality ratings for the respondents' own 1995 plan. This relationship was not found for family coverage. Also, older respondents with family coverage were more likely to rate the quality of other plans higher at postenrollment. This result was not found for respondents with single coverage.

These overall findings indicate that the report card did not influence employee ratings of health plan overall quality. This result was consistent for those who switched plans in 1996 and for those who remained with their 1995 plan. It was found for respondent ratings of their own 1995 health plan and, most importantly, for other plans.

### Choosing Health Plans

#### Effect of Report Cards on the Rate of Switching Plans

We addressed the question of whether the report card may have influenced the rate of switching health plans during open enrollment. There are several reasons that people switch health plans. One non-medical reason is that people change jobs, and the new employer may not offer the old plan. Factors related to medical care, but not directly to plan performance, may include switching to keep an existing physician who has transferred to a competing health plan. Switching may also occur because of personal dissatisfaction with the current plan's performance or the awareness of good performance of an alternative health plan.

The report card could increase switching if it reinforces a negative perception of the current plan or it demonstrates the superior performance of an alternative plan. It is this latter type of influence that seems most plausible. That is, consumers have an opportunity to compare health plans that they have experienced with plans that they have not experienced.

Table L

Employees who switched and did not switch health plans, by coverage type, study group: 1996

Switching behavior	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Percent				
Switched	19.2	12.7	20.0	17.3
Did not switch	80.8	87.3	80.0	82.7

Bivariate analysis indicated that the State employees with family coverage did not switch more frequently than the University employees (20.0% and 17.3%,  $p < .30$ ). State employees with single coverage, however, did switch more frequently than the University employees (19.2% and 12.7%,  $p < .05$ ).

This difference was not found in logistic regression analysis that included control variables differentiating the State from the University. In this analysis, however, men with single coverage were more likely to switch than women. Also for single coverage, 1995 enrollment in two of the health plans was strongly related to the likelihood of switching (Medica Primary, OR = 5.3, 95% CI = 2.50, 11.20; State Health Plan, OR = 15.4, 95% CI = 8.49, 28.75). For employees with family coverage, the only variable that was related to switching was 1995 enrollment in these same plans (Medica Primary, OR = 13.8, 95% CI = 6.50, 29.52; State Health Plan, OR = 44.5, 95% CI = 24.72, 83.30).

For employees with single coverage, the level of satisfaction with the 1995 plan was strongly related to the likelihood of switching plans. Those who were "dissatisfied" or "very dissatisfied" were ten times more likely to switch plans than those who were "very satisfied" (OR = 10.1, 95% CI = 4.40, 24.09). Even those who reported that they were "satisfied" were more likely to switch (OR = 2.1, 95% CI = 1.27, 3.67). For employees with family coverage, satisfaction with their 1995 plan was also related to the rate of switching, but to a lesser degree. Those who were "dissatisfied" or "very dissatisfied" were more likely to switch than those who were "very satisfied" (OR = 4.1, 95% CI = 1.69, 9.84). However, the "satisfied" respondents were not more likely to switch plans.

#### Reasons For Selecting 1996 Health Plan

We asked all respondents to identify their reasons for selecting their 1996 health plan. We listed a number of possible reasons and offered them the opportunity to list their own reasons in response to an open-ended question. Using a formal content analysis process with three independent judges, these responses were combined into three categories: cost, quality, and



miscellaneous. The miscellaneous category included convenience, physician attachment, and inertia. The multiple, miscellaneous reasons will be of interest for future analyses. To evaluate the influence of the report card, we were primarily interested in identifying those respondents for whom either cost or quality was a clearly identified, major influence on their 1996 decision because these factors are independent attributes of the plan, in contrast to situational factors such as convenience or location.

The following table provides the frequencies for each category of reasons for selecting a 1996 plan.

Table M

Reasons for selecting 1996 health plan, by coverage type, study group: Postenrollment

Reasons	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
	Percent			
Quality	47.4	48.0	52.6	52.0
Cost	45.0	45.4	55.0	54.6
Miscellaneous	49.0	48.0	51.0	52.0

Because the report card provides information on the quality of available health plans, it might be assumed that quality would be reported as a reason for selecting a plan more often for the State respondents. Respondents, however, could select multiple reasons, including quality and cost. Therefore, we were interested in determining whether quality had been promoted in its influence on the choice of health plan.

Bivariate analysis indicated no significant difference in the proportion of State and University respondents who reported quality as an influencing factor. This finding was true for employees with family or single coverage. Similarly, there was no significant difference in the proportion of State and University respondents who reported cost as an influencing factor. Finally, there were no significant differences in the proportion of State and University respondents who reported one or more of the miscellaneous reasons as factors influencing their choice.

We conducted logistic regression analysis to determine whether other factors that differentiated the State from the University were related to the likelihood of reporting that quality influenced their selection of a 1996 plan.

We found no difference between the State and the University group with regard to the likelihood of reporting quality as a major influence. For respondents with single coverage, those

enrolled in MedCenters Health Plan were more likely to report quality as their reason for selecting their 1996 plan (OR = 3.72, 95% CI = 1.51, 11.26). Females with single coverage were also more likely to report quality as an influencing factor (OR = 1.71, 95% CI = 1.10, 2.64). Single respondents with self-reported chronic illnesses were more likely to report quality as an influencing factor (OR = 1.68, 95% CI = 1.09, 2.60). For respondents with family coverage, no variables were found to be related to the likelihood of reporting that quality was an influencing factor.

For those in the State group who reported to have read most or all of the report card or read parts of it compared with those who had just glanced through it or never really looked at it, there was no difference in the likelihood of reporting quality as an influencing factor. This finding was true for respondents with family and with single coverage.

### Quality Reasons for Switching

Next we examined reasons for selecting a 1996 plan for only those respondents who switched health plans between 1995 and 1996. Bivariate analysis indicated that there were no differences in the proportion of State and University respondents who reported quality as a major reason for selecting their 1996 plan. This finding was true for respondents with family and with single coverage.

We conducted a logistic regression analysis that included membership in the State versus the University group as a binary variable. All variables in the model were insignificant for respondents with single coverage and family coverage.

We repeated the analysis using cost as the dependent variable. Again using only 1996 switchers, for single coverage ( $n = 125$ ), we found that the State respondents were more likely to indicate that cost influenced their selection compared with the University respondents (OR = 15.94, 95% CI = 2.70, 141.58). Those State employees who reported to have read most or all of the report card or read parts of it, compared with those who had just glanced through it or never really looked at it, were also more likely than other State employees to have reported that cost influenced their selection of their new 1996 plan (OR = 9.71, 95% CI = 1.91, 76.85). Respondents with single coverage who worked in a medical clinic or whose spouse worked in a medical clinic were significantly less likely to report that cost was an influencing factor (OR = 0.28, 95% CI = 0.08, 0.96).

### Willingness To Incur Premium Contributions

Another way to think about the influence of the report card is whether it might affect the willingness of employees to contribute to premiums in a managed competition setting. Employees are required to pay the marginal premium for selecting a higher-priced health plan, i.e., the employer's contribution is based on the lowest-cost plan. The State and University have the same health plan employee contribution requirements. Differences between the two groups are solely the result of different health plans' enrollment distributions. The differences in changes in the average premium contribution between 1995 and 1996 would indicate that one group, in selecting its distribution of plans, changed its own average employee contribution to a greater extent than the other group.

Table N  
State and University employee's annual premium contributions, by coverage type, health plan:  
1995 and 1996

Health plan	Coverage type			
	Single		Family	
	1995	1996	1995	1996
Dollars per year				
State Health Plan Select	NA	0	NA	247
Medica Premier	0	0	252	572
Group Health	129	110	378	438
Medica Primary	176	209	690	919
MedCenters (1995)/ HealthPartners (1996)	492 NA	NA 272	1,311 NA	NA 871
State Health Plan	393	306	911	1,009

Previous studies found that employees in the Twin Cities are price sensitive with respect to their health plan choices (Feldman et al., 1988). None of these studies has directly examined the influence of report cards on the employee's willingness to contribute to health plan premiums. Plan comparisons contained in the report card may produce responses that could either increase or decrease the willingness to pay. If consumers perceive that the report card demonstrates a variation in quality among plans, then this perception could decrease their price sensitivity. If the employees perceive that the report card indicates that most health plans are generally of high quality, then employees may view health care as essentially a commodity, thus increasing their price sensitivity. These potentially different mechanisms make hypothesizing about the direction of the effect difficult. Under either condition, however, one could expect an influence to be expressed by a change in the absolute difference in actual employee premium contributions between the State and the University, regardless of the direction of the difference. Because we know what respondents' premium contributions were in both 1995 and 1996, we can calculate a change in the contribution between 1995 and 1996 for each respondent. It is this change in employee premium that is the dependent variable for this analysis.

We analyzed the difference in the magnitude and direction of change in average employee premium contribution comparing the State and the University respondents. The following table provides descriptive statistics on the average annual premium contributions for both groups.

Table O

Annual average premium contribution, by coverage type, study group: Pre-enrollment and postenrollment

Time period	Coverage type			
	Single		Family	
	Study group		Study group	
	State	University	State	University
Dollars per year				
Pre-enrollment	198	148	557	518
Postenrollment	111	88	524	531

The regression analysis included the standard control variables and a binary variable indicating whether the respondent was with the University or the State group. There was no relationship between being a State or University respondent and the change in premium contribution between 1995 and 1996 for respondents with family or with single coverage. The only variable that was related to a difference in the change in employee contribution was whether the employee had switched plans between 1994 and 1995 ( $p < .001$ ). This significant relationship may have been due to large changes in the relative premiums and premium ranking among plans in 1995 and again in 1996.

Repeating the regression analysis using only those respondents who had switched health plans between 1995 and 1996, we found that, for respondents with family and with single coverage, there was no difference between the State and the University in the magnitude or direction of change in employee premiums among 1996 switchers. The higher the educational level of employees with single coverage, the greater the reduction in premium costs obtained by switching health plans in 1996. The only variable in the model that was significantly related to an increase in 1996 premiums was whether the respondent had switched health plans in 1995 ( $p < .05$  for respondents with family coverage;  $p < .001$  for respondents with single coverage). This result is also likely due to the significant plan pricing volatility in 1995 and 1996.

#### Information Seeking

Did the report card influence the use of alternative sources of information about health plans during enrollment season? To address this question we asked respondents in the postenrollment survey to identify the information sources they used during the open enrollment period.

The dependent variable was a constructed variable of the number of sources used by enrollees in making their decision during open enrollment. We used nine sources to construct the variable. Did the employee:

- talk with family members;
- talk with friends or coworkers;
- call the health plan;
- read the certificates of coverage;
- read materials or newspaper advertising from any of the health plans;
- go to a health benefits meeting, teleconference, or employee benefits fair;
- talk with anyone at the State or the University of Minnesota (including benefit representatives);
- rely on personal experience; or
- see the open enrollment packet?

Bivariate analysis indicated that there was a significant difference between the State and University employees with single coverage, with the State using more sources (State = 4.8 sources, University = 4.2 sources,  $p < .001$ ). For employees with single coverage, the likelihood of using more sources was significantly related to being female ( $p < .01$ ), having a chronic disease ( $p < .001$ ), enrollment in the State Health Plan ( $p < .05$ ), enrollment in HealthPartners ( $p < .01$ ), and having switched plans from 1995 to 1996 ( $p < .001$ ).

Similarly, there was a significant difference between the State and the University employees with family coverage, with the State using more sources (State = 5.4 sources, University = 4.9,  $p < .001$ ). For employees with family coverage, the likelihood of using more sources was significantly related to education (some college,  $p < .05$ ), income (\$40,000-\$60,000 and \$60,000-\$80,000, respectively ( $p < .05$  and  $p < .05$ ), chronic disease in the family ( $p < .01$ ), enrollment in Medica Premier ( $p < .001$ ), and having switched plans from 1995 to 1996 ( $p < .001$ ). For employees with family coverage, the likelihood of using fewer sources was significantly affected by gender ( $p < .05$ ).

We also were interested in evaluating the use of and perceived usefulness of the report card that is the subject of this study and the use and perceived usefulness of a community-wide report card based on health-plan member satisfaction that was disseminated in the Minnesota newspapers about the same time. This evaluation was recently reported in an article entitled, "Employer-specific vs. Community-wide Consumer Report Cards: Is There a Difference" published in *Health Care Financing Review* (Knutson et al., 1996). The article is included in Appendix G.

In this article we described the impact of two types of report cards on employees: an employer-specific report card and a community-wide report card. We compared the likelihood of seeing the report cards, the intensity of reading each, and the perceived helpfulness of each when selecting a health plan. Both groups had a chance to review the community-wide report card, which covered all Minnesota health plans and was distributed through local newspapers. We found that the employer-specific report card was much more likely to be seen and was read more intensely than the community-wide report card. There was no difference in the perceived helpfulness of the two report cards by those who saw them.



## CONCLUSION

Using a natural experiment, we attempted to detect the effect of a report card that was created from a survey of employees' opinions of health plans. This report card could be considered one of the best examples of its type. Minnesota State employees were highly experienced with this form of information. The report card had been updated and distributed three times over six years to the State employees, but not to the University employees. The report card was mailed directly to the home of State employees as part of their open enrollment packet. We looked for an influence of the report card on employee knowledge of health plan benefits, preferences for health plan attributes (namely quality dimensions versus cost dimensions), ratings of available health plans' overall quality, and choice of plans. We analyzed the influence of the report card on the extent to which quality or cost were reported as reasons for selecting the 1996 plan. We conducted separate analyses for those who switched plans during the 1996 open enrollment period. We also compared employee premium contributions between groups to determine whether the report card influenced the employees' willingness to pay for higher priced plans.

We conducted both bivariate and multivariate analyses. The multivariate analysis included variables that controlled for differences in the characteristics of the study groups, variables that measured factors known to influence health plan choice, and selected variables theoretically relevant to the specific analyses.

We conducted separate analyses for those State employees who reported having read the report card and those who did not. By analyzing the responses of switchers and those State employees who reported reading the report card, we investigated report card effects in populations where these effects were most likely to be present.

We conclude that the report card had few discernible effects on employees' knowledge, attitudes, ratings of plans or choice of health plans. The only impact we found was related to employees' (with single coverage) perception of how knowledgeable they were about available health plans. Also, some employees reported that the report card was moderately useful in selecting a health plan.

We did find that other factors, many identified in prior studies, had a significant influence on consumer knowledge, attribute preferences, ratings, and choice of health plans.

In the setting for this study, what explanations could be offered for the lack of influence of this report card on consumers?

### Characteristics of Setting

Minnesota has a relatively high proportion of its group insurance enrollment in managed care. This acceptance of managed care and the belief that health care is of generally high quality in the State may explain the overall high satisfaction with all of the available plans. There were statistically significant differences reported in the report card, but these differences may not have appeared substantial to consumers. In addition, the State employees are highly experienced with the report card information. They had received a report card three times over six years. In this study, however, length of employment was not found to be related to a difference in the use and

impact of the report card, which might have been expected if it was assumed that the report card would be most useful for those who are new to the market.

#### Characteristics of the Population

The population was State employees and University employees, excluding faculty. Respondents had a range of educational and income levels. This population could be different from other employed populations, thus limiting generalizability. We believe, however, that it is representative of employed populations regarding the potential impact of an large employer-sponsored report card in a multiple choice, managed competition setting.

#### Measures

It is possible that this study did not adequately test the potential influences of the report card, either through its method or content. We included measures on virtually all factors known to influence health plan choice as controls, however, and the study uses one of the most rigorous designs to evaluate report cards. It is possible that, without a strong theoretical formulation of the cognitive and decision-making processes that the report card is hypothesized to influence, the proximate or intermediary effects have been not adequately conceptualized. We chose measures related to some fairly straightforward assumptions about the potential impact of report cards on consumers.

#### Characteristics of the Design and Data

We used pre-enrollment with postenrollment comparisons in our analyses, with nonrandomized controls. We achieved adequate response rates and a sufficient number of respondents in each group for our analyses. There were very few missing responses. We controlled for known sources of bias in our analyses. However, there may be imprecision that obscured our sensitivity to a report card effect. This possibility would be greater for the attitudinal measures than for the behavioral measures related to plan choice.

#### Nature of Quality in Member Satisfaction-Based Report Cards

Another reason for the apparent lack of report card impact may be the intrinsic difficulty consumers have in evaluating important aspects of health care quality. The content of the current version of the report card is arguably relevant to most health care consumers. Because the majority of health plan members have routine office visits, measures related to these experiences are relatively easier to capture using a random sample survey of an enrolled population. But, does this content address the most important qualities of health care to consumers, qualities that they fundamentally value but take for granted or cannot easily evaluate?

In general, judging the quality of a services is more difficult than judging the quality of a good (O'Connor and Bowers, 1990 ). Services are distinguished from goods in that services are intangible, heterogeneous, and production and consumption are inseparable. It is these attributes that explain why it is more difficult for consumers to evaluate services.

Certain attributes of health-plan quality increase the problem of consumer evaluation of services. On a continuum of easy to difficult to evaluate are: search attributes, experience



attributes, and credence attributes. Search attributes characterize tangible goods and are easy to evaluate. Experience qualities can be determined during consumption. Credence attributes, however, are difficult for consumers to evaluate, even when experienced.

O'Connor and Bowers (1990) describe three components of health care quality: technical quality, functional quality, and image. Like other services, these health care quality components are low in search attributes. The functional quality components of health care, such as waiting room time, are high in experience attributes and can with some difficulty be evaluated by consumers based on personal experience or the experiences of others.

The technical quality component of health care, however, is high in credence attributes, i.e., long-term outcomes of treatment. Technical quality is much more difficult to evaluate than functional quality. The typical consumer survey-based report card is focused on the functional quality component, with which the majority of health care consumers have had some experience. And yet, technical quality, which is characterized by credence attributes, is arguably the most important component of health care quality.

Report cards may need to focus more on the difficult task of reporting technical quality, possibly by assessing the clinical processes and outcomes, experiences and the attitudes of those who have chronic illnesses or recent serious events. This content change means that the measurement process and sampling of consumers becomes more difficult, and the market who will attend to the information may become smaller. But this direction may help improve the impact of the information for at least an important segment of the population, the risk averse and the ill.

#### Unit of Attribution

Quality at the level of the health plan is heterogeneous. Because variation on some aspects of functional quality and most aspects of technical quality are greater within plans than between plans, attribution may be ascribed to the individual physician or in the clinic. Consumers are aware of heterogeneity of quality within health plans or even within a clinic. The health plan level as a unit of accountability for quality, therefore, may not be meaningful to consumers who believe that the physician is more responsible. This awareness alone would limit the potential impact of the health plan level report card, with the exception of those measures that are more clearly attributable to the health plan, such as customer services related to administrative complaints. To address this problem, measures of provider systems rather than health plans may be more meaningful to consumers.

#### Closing Thoughts

The primary purpose of this study was to evaluate the impact of the current (1995) report card. Our findings appear to show that the current versions of report cards are works in progress. As much face validity as member satisfaction reports appear to have, consumers do not seem moved by the results. Hibbard and Weeks (1987) describe the attributes of consumers of health care. These attributes are: knowledgeable about medical quality, awareness of variation of quality among providers, and behavior influenced by both cost and quality sensitivity. Considering these attributes and the possible study limitations noted above, this study has found little evidence that the current member satisfaction based report cards are improving consumerism in health care.

We hypothesized that the report card would improve employee knowledge of health plans, in part by increasing consumers' attention to objective plan attributes such as benefits. We hypothesized that the report card would increase the importance of quality dimensions among a list of plan attributes known to influence choice, including cost and convenience. We hypothesized that much of the information processing and valuation could be summarized in respondent ratings of the overall quality of all plans available to them. We hypothesized that the report card would influence the rate of switching plans. We hypothesized that the report card would influence the reported reasons of respondents for selecting their 1996 plan, whether remaining with their 1995 plan or switching. We hypothesized that the report card would influence employees' willingness to pay the marginal premium for higher priced health plans. We found none of these effects.

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## **APPENDIX A**

### **GLOSSARY**





## Glossary

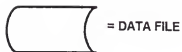
DOER	Minnesota Department of Employee Relations, responsible for administering employee benefits, including health benefits for state of Minnesota employees.
Family coverage	An employee's health plan policy that covers the employee and his or her dependents.
Joint Labor Management Committee on Health Plans	Established in 1986 by the Minnesota Department of Employee Relations and labor organizations representing state employees to address problems of rising health care costs, promote better assessments of the plans, and to contribute to improved labor-management relations.
Minnesota Coalition on Health	A coalition of large employers and health plans in Minnesota. The coalition ceased business in 1992.
MHDI	Minnesota Health Data Institute: a non-profit, public-private organization, founded by the Minnesota State Legislature in 1993 with the overall goal of improving the quality of health care services available to Minnesotans. As its first published project, MHDI produced a consumer survey based report card that reported on all public and private health plans across the State of Minnesota. This community-wide report card was disseminated through the newspapers in October, 1995.
Open enrollment periods	The time during which employees receive written materials describing their health plan options for the coming year and make a decision to keep their current plan or to switch plans. If an employee does not make a change, the employee (and family) continues in the same health plan. If an employee chooses a new plan, coverage under the new plan begins on January 1. For State employees, open enrollment in 1995 was held between October 1 and October 31. For University employees, open enrollment in 1995 was held between October 16 and November 15.
Pre-enrollment	The time before the open enrollment period. For State employees pre-enrollment was before October 1, 1995. For University employees, pre-enrollment was before October 16, 1995.
Postenrollment	The time after the open enrollment period. For State employees. Postenrollment was after October 31, 1995. For University employees, postenrollment was after November 15, 1995.

Report card	A comparative evaluation of the health plans available to State employees based on a consumer satisfaction survey.
Report card, community-wide	Refers to the report card generated by the Minnesota Health Data Institute.
Report card, employer-specific	Refers to the DOER report card when it is compared with the report card issued by the Minnesota Health Data Institute.
Single coverage	An employee's health plan policy for one person only.
State employee	Someone who works full time for the State of Minnesota, except those who work for the University of Minnesota. The study report card was mailed to the homes of these individuals. They represent the intervention group for this study.
University employee	Someone who works full time for the University of Minnesota. The study report card was not mailed to these employees. They represent the control group in this study.
State of Minnesota Employee Group Insurance Program (SEGIP)	SEGIP, which enrolls 57,000 employees statewide, with 144,000 covered lives including dependents, has been identified nationally as a model for managed competition and cited for its ability to constrain premium increases through the use of competing health plans. SEGIP is also a pioneer in the development and dissemination of consumer report card information to employees and their families. It is administered by DOER.

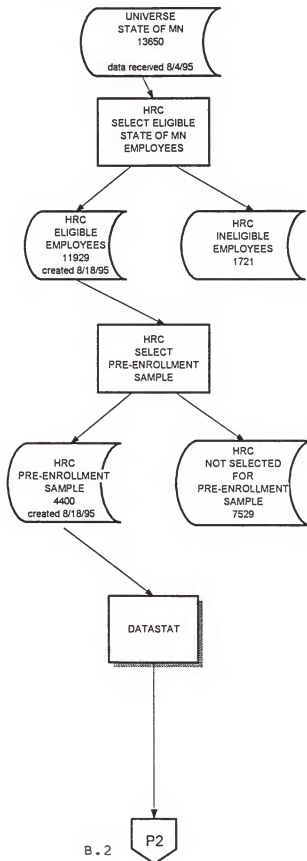
**APPENDIX B**  
**SAMPLE FLOW CHART**



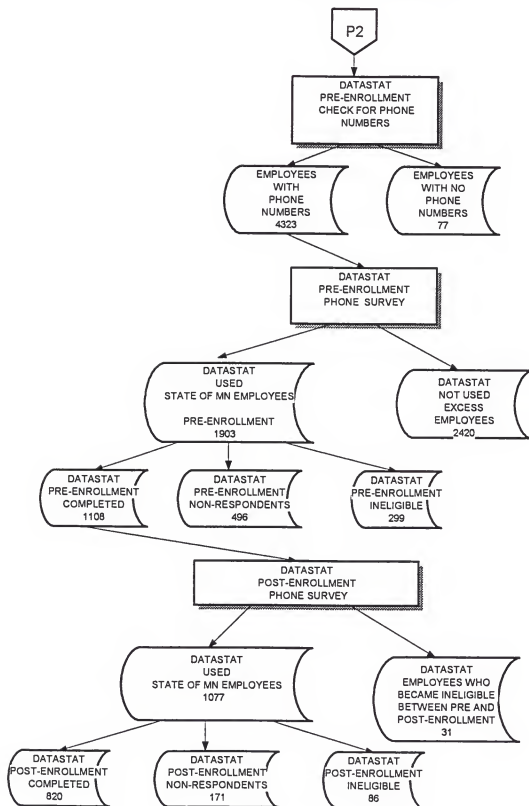
REPORT CARD 1995  
KEY TO SYMBOLS USED IN DATA FLOW DIAGRAMS



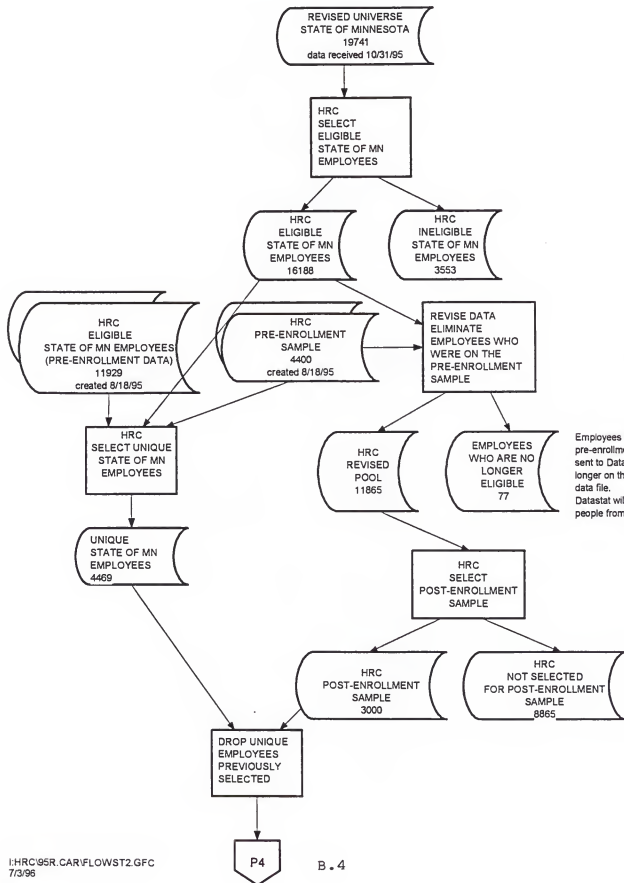
REPORT CARD 1995  
DATA FLOW FOR THE STATE OF MINNESOTA  
PRE- AND POST- ENROLLMENT



REPORT CARD 1995  
DATA FLOW FOR THE STATE OF MINNESOTA  
PRE- AND POST- ENROLLMENT

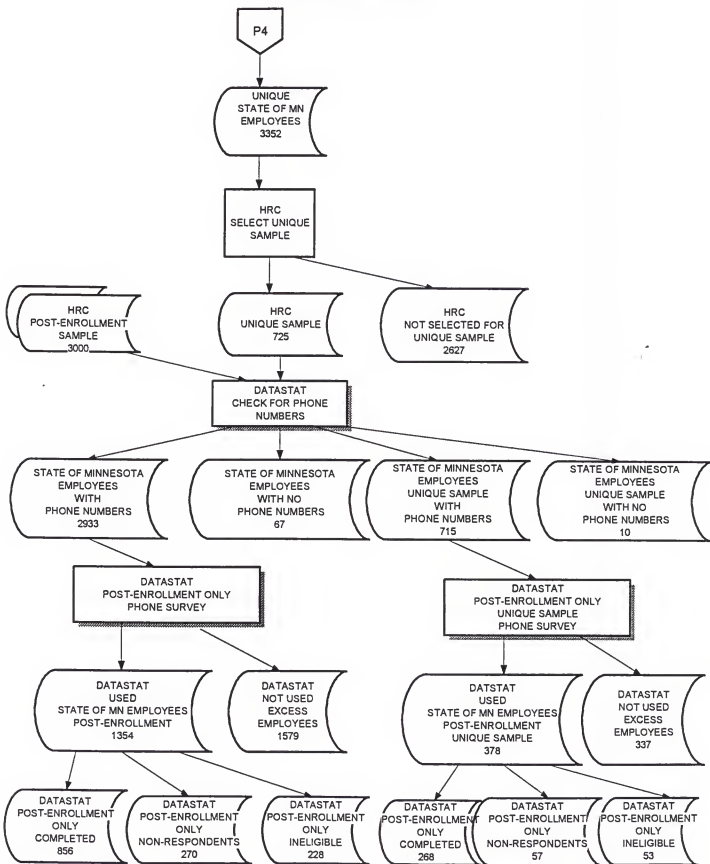


REPORT CARD 1995  
DATA FLOW THE THE STATE OF MINNESOTA  
POST-ENROLLMENT ONLY

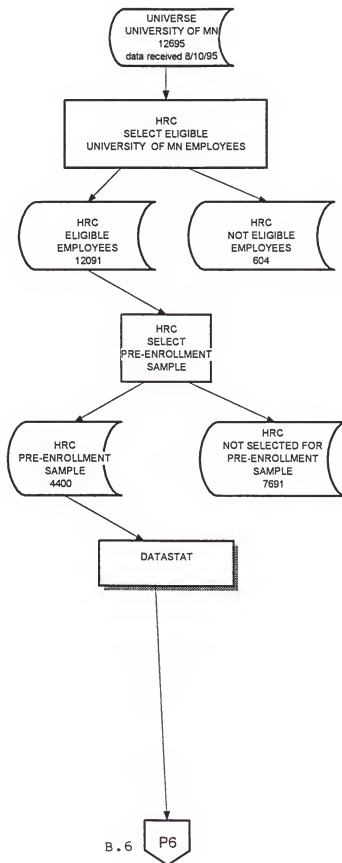




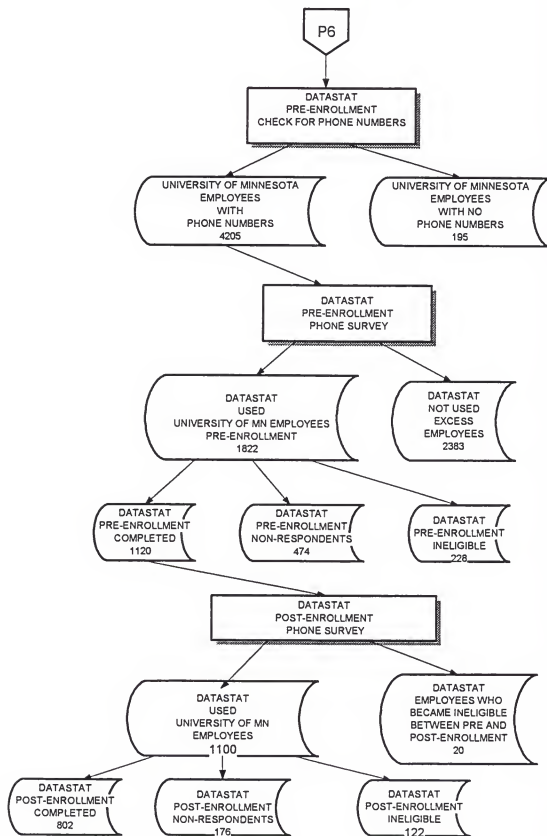
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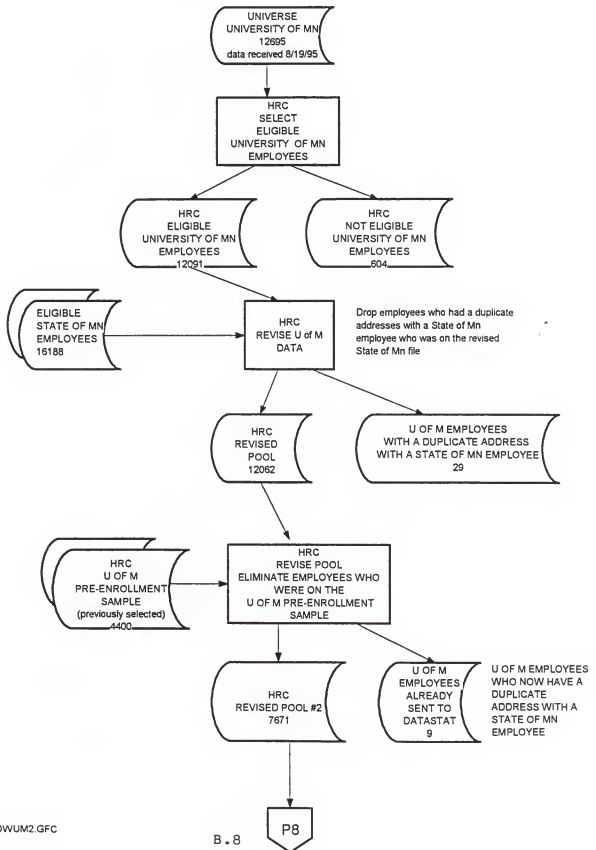
REPORT CARD 1995  
DATA FLOW FOR THE UNIVERSITY OF MINNESOTA  
PRE- AND POST- ENROLLMENT



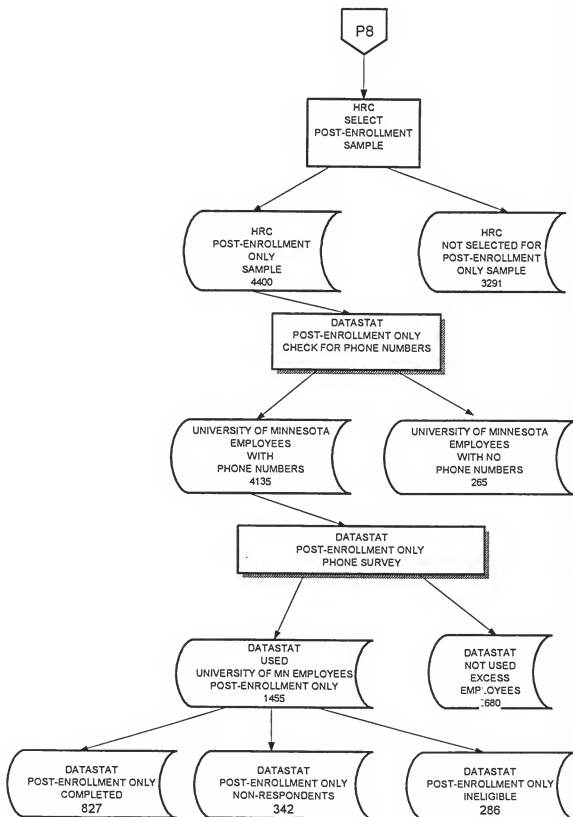
REPORT CARD 1995  
DATA FLOW FOR THE UNIVERSITY OF MINNESOTA  
PRE- AND POST- ENROLLMENT



**REPORT CARD 1995  
DATA FLOW FOR THE UNIVERSITY OF MINNESOTA  
POST- ENROLLMENT ONLY**



REPORT CARD 1995  
DATA FLOW FOR THE UNIVERSITY OF MINNESOTA  
POST-ENROLLMENT ONLY





**APPENDIX C**  
**PRE-ENROLLMENT QUESTIONNAIRE**

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT  
5301 S. DICKINSON DRIVE  
CHICAGO, ILL. 60637  
TEL: 773-936-5000  
FAX: 773-936-5001

OFFICE OF THE  
VICE CHANCELLOR  
FOR RESEARCH  
5301 S. DICKINSON DRIVE  
CHICAGO, ILL. 60637  
TEL: 773-936-5000  
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DEPARTMENT OF PHYSICS  
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**THE PARK NICOLLET REPORT CARD  
PRE-ENROLLMENT QUESTIONNAIRE**

**September 1995**

**Evaluation of the Impact of Health Plan Report Cards on Consumers' Knowledge,  
Attitudes, and Choice in a Managed Competition Setting**

Developed by

The Health Research Center  
Park Nicollet Medical Foundation  
3800 Park Nicollet Boulevard  
Minneapolis, Minnesota 55416

Developed for

The Health Care Financing Administration  
Grant #18-P-90601/5-01

For further information, contact

David Knutson, Principal Investigator  
Tel: 612. 993-3287  
Fax: 612. 993-3741

DIAL.SCREEN

IWER: YOU MAY INTERVIEW ONLY THE EMPLOYEE NAMED ON THIS SCREEN)

(IWER: VERIFY IF NEEDED: "Is this (###) ###-####?")

Hello, this is \_\_\_\_\_. May I please speak with [STATE/UNIVERSITY EMPLOYEE]?

(IWER: IF NEEDED READ: "I'm calling from DataStat in Ann Arbor, Michigan. We're conducting a survey for the [State of Minnesota Department of Employee Relations/University of Minnesota Department of Employee Benefits] that asks employees' opinions about their health insurance.")

1. R ON PHONE OR COMES TO PHONE
2. NEW TELEPHONE NUMBER
3. APPOINTMENT
4. REFUSAL
5. INF NEVER HEARD OF R
6. INF KNOWS R BUT NO NEW NUMBER
7. RETURN TO COVERSHEET (RNA,ANS MACH)

INTRO.

(IWER: SKIP TEXT IN PARENS IF IT HAS ALREADY BEEN READ TO THE R)

(Hello, this is \_\_\_\_\_, calling from DataStat in Ann Arbor, Michigan. We're conducting a survey for the [State of Minnesota Department of Employee Relations/University of Minnesota Department of Employee Benefits] that asks employees' opinions about their health insurance.)

We want to learn more about what employees look for in a health plan, and what they think about the choices offered by the [State/University].

You were randomly selected as part of a representative cross-section of employees to be interviewed. The interview is confidential. No one at the [State/University] or at your health plan will see names or other information that would make it possible to identify [you/you or your family].

Your participation is voluntary. I'd like to ask you some questions, if I may?

(IWER: IF R ASKS HOW LONG THE INTERVIEW TAKES, CLARIFY: "It depends on your answers, but it shouldn't be more than about 20 minutes.")

(IWER: IF R ASKS HOW YOU GOT THEIR NAME, CLARIFY: "I work at DataStat, an outside research organization hired to do this survey. The [State of Minnesota/University of Minnesota] gave us a list of names of employees for use in this survey.")

(IWER: CLARIFY IF NEEDED: "I'm not selling anything.")

(IWER: CLARIFY IF NEEDED: "This is not a marketing survey.")

(IWER: CLARIFY IF NEEDED: "The survey is being done to understand what information is important to employees when they choose a health plan.")

1. CONTINUE
2. APPOINTMENT
3. REFUSAL
4. RETURN TO COVERSHEET

QS1A ASKED AFTER OPEN ENROLLMENT PACKETS/PLAN INFORMATION HAVE BEEN MAILED (09/25)

S1A. Have you opened the Open Enrollment Packet from the [State/University] or the Plan Information Materials from [Health Plan]?

(IWER: IF R SAYS "YES-OPENED" TO EITHER ITEM, ENTER:"1.YES".)

1. YES - HAS OPENED ONE OR BOTH ITEMS ----> TERMINATE
2. NO - HAS NOT OPENED EITHER ITEM
3. NO - HAS NOT RECEIVED THE ITEMS YET
- DK

S1. How long have you been employed by the [State/University]?

(IWER: IF R GIVES AN ANSWER THAT FALLS BETWEEN CATEGORIES, ENTER THE HIGHER CATEGORY/ROUND UP.)

(IWER: CLARIFY IF NEEDED: "Would you say LESS THAN 1 YEAR, 1 TO 2 YEARS, 3 TO 4, 5 TO 9, OR 10 YEARS OR MORE?")

1. LESS THAN 1 YEAR
2. 1 TO 2 YEARS
3. 3 TO 4 YEARS
4. 5 TO 9 YEARS
5. 10 YEARS OR MORE
6. NO LONGER EMPLOYED BY [STATE/UNIVERSITY] (VOLUNTEERED) --> TERMINATE
9. REFUSED
- DK

S2. According to our records, you are currently enrolled in [Health Plan]. Is that correct?

FOR GROUP HEALTH ONLY:

(IWER: IF R SAYS "HEALTH PARTNERS", CLARIFY: "Would that be Med Centers or Group Health?". IF R SAYS "MED CENTERS", ENTER:'2'. IF R SAYS "GROUP HEALTH", ASK: "Are you CURRENTLY enrolled in Group Health?")

FOR MED CENTERS ONLY:

(IWER: IF R SAYS "PARK NICOLLET", CLARIFY: "Park Nicollet is part of Med Centers. Are you CURRENTLY enrolled in Med Centers?")

(IWER: IF R SAYS "HEALTH PARTNERS", CLARIFY: "Would that be Med Centers or Group Health?". IF R SAYS "GROUP HEALTH", ENTER:'2'. IF R SAYS "MED CENTERS", ASK: "Are you CURRENTLY enrolled in Med Centers?")

FOR MEDICA PRIMARY ONLY:

(IWER: IF R SAYS "MEDICA", CLARIFY: "Would that be Medica PREMIER or Medica PRIMARY?". IF R SAYS "MEDICA PREMIER", ENTER:'2'. IF R SAYS "MEDICA PRIMARY", ASK: "Are you CURRENTLY enrolled in Medica Primary?")

(IWER: IF R SAYS "SHARE", CLARIFY: "Share is now Medica Primary. Are you CURRENTLY enrolled in Medica Primary?")

FOR STATE HEALTH PLAN ONLY:

(IWER: IF R SAYS "AWARE GOLD", CLARIFY: "Would that be Aware Gold or State Health Plan?". IF R REPEATS "AWARE GOLD", ENTER:'2'. IF R SAYS "STATE HEALTH PLAN", ASK: "Are you CURRENTLY enrolled in State Health Plan?")

(IWER: IF R SAYS "BC/BS" or "Blue Cross/Blue Shield", CLARIFY: "BC/BS administers State Health Plan. Are you CURRENTLY enrolled in State Health Plan?")

FOR MEDICA PREMIER ONLY:

(IWER: IF R SAYS "MEDICA", CLARIFY: "Would that be Medica PREMIER or Medica PRIMARY?". IF R SAYS "MEDICA PRIMARY", ENTER:'2'. IF R SAYS "MEDICA PREMIER", ASK: "Are you CURRENTLY enrolled in Medica Premier?")

(IWER: IF R SAYS "PHP", CLARIFY: "PHP is now Medica Premier. Are you CURRENTLY enrolled in Medica Premier?")

- 1. YES
- 2. NO -----> TERMINATE
- 9. REFUSED --> TERMINATE
- DK -----> TERMINATE

S3.About how long have you been enrolled in [Health Plan]?

(IWER: IF R GIVES AN ANSWER THAT FALLS BETWEEN CATEGORIES, ENTER THE HIGHER CATEGORY/ROUND UP.)

(IWER: CLARIFY IF NEEDED: "Would you say [LESS THAN 1 YEAR, 1 TO 2 YEARS, 3 TO 4, 5 TO 9, OR 10 YEARS OR MORE/LESS THAN 1 YEAR, 1 TO 2, 3 TO 4, OR 5 TO 9 YEARS]?")

FOR SHP ONLY:

(IWER: CLARIFY IF NEEDED: "Only include how long you've been enrolled in State Health Plan.")

- 1. LESS THAN 1 YEAR
- 2. 1 TO 2 YEARS
- 3. 3 TO 4 YEARS
- 4. 5 TO 9 YEARS
- 5. 10 YEARS OR MORE (NOT FOR SHP)
- 9. REFUSED
- DK

S3A. According to our records, you currently have [INDIVIDUAL/FAMILY] coverage through [Health Plan]. Is that correct?

(IWER: CLARIFY IF NEEDED: "INDIVIDUAL coverage means that you are the ONLY person covered on YOUR [Health Plan] policy.")

(IWER: CLARIFY IF NEEDED: "FAMILY coverage means that a spouse or children are covered AS DEPENDENTS on YOUR [Health Plan] policy.")

- 1. YES
- 2. NO -----> TERMINATE
- 9. REFUSED --> TERMINATE
- DK -----> TERMINATE

S4. Are you married?

(IWER: "DK" NOT ALLOWED)

- 1. YES
- 2. NO -----> CK.QS9
- 9. REFUSED --> CK.QS9

S5. Is your [husband/wife] employed by the University of Minnesota?

- 1. YES -----> CK.QS7
- 2. NO
- 9. REFUSED
- DK

S6. Is your [husband/wife] employed by the State of Minnesota?

- 1. YES
- 2. NO
- 9. REFUSED
- DK

CK.QS7

IF R IS EMPLOYED BY THE STATE OF MINNESOTA AND SPOUSE IS EMPLOYED BY THE UNIVERSITY OF MINNESOTA, TERMINATE

IF R IS EMPLOYED BY THE UNIVERSITY OF MINNESOTA AND SPOUSE IS EMPLOYED BY THE STATE OF MINNESOTA, TERMINATE

IF R AND SPOUSE ARE BOTH EMPLOYED BY THE STATE OF MINNESOTA, ASK QS7 AND QS8  
IF R AND SPOUSE ARE BOTH EMPLOYED BY THE UNIVERSITY OF MINNESOTA, ASK QS7 AND QS8

OTHERWISE, GO TO CK.QS9

S7. Is your [husband/wife] also enrolled in [Health Plan]?

- 1. YES -----> CK.QS9
- 2. NO
- 9. REFUSED
- DK

S8. Which health plan is your [husband/wife] enrolled in?

(READ LIST IF NEEDED)

1. GROUP HEALTH,
2. MED CENTERS,
3. MEDICA PRIMARY,
4. STATE HEALTH PLAN, OR
5. MEDICA PREMIER?
9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

CHECK QS8 CONSISTENCY WITH Rs HEALTH PLAN. RETURN TO QS7 IF NEEDED.

CK.QS9

IF R HAS INDIVIDUAL COVERAGE, GO TO QS9A

IF R HAS FAMILY COVERAGE AND SPOUSE IS ALSO EMPLOYED AT [STATE/UNIVERSITY], GO TO QS9A

IF R HAS FAMILY COVERAGE AND IS NOT MARRIED, GO TO QS9A

S9. Is your [husband/wife] also covered by [Health Plan] AS A DEPENDENT ON YOUR POLICY?

1. YES
2. NO
9. REFUSED
- DK

S9A. How many children do you have, if any, who are less than 25 years old?

(IWER: CLARIFY IF NEEDED: "This does include step-children.")

00. NONE/NO CHILDREN UNDER 25  
\_\_ # CHILDREN UNDER 25 YEARS OLD

99. REFUSED
- DK

CK.QS10

IF R HAS INDIVIDUAL COVERAGE, GO TO CK.QS11A

IF R HAS FAMILY COVERAGE AND HAS NO CHILDREN UNDER 25, GO TO CK.QS11A

S10. [Is your child [also] covered AS A DEPENDENT by [Health Plan] on YOUR policy? / How many of your [##] children, if any, are [also] covered AS DEPENDENTS by [Health Plan] on YOUR policy?]

(IWER: IF R SAYS "I HAVE NO CHILDREN", ENTER:"97". INTERVIEW WILL GO BACK TO QS9A FOR YOU TO RE-READ)

(IWER: CLARIFY IF NEEDED: "This includes children covered as dependents on YOUR [Health Plan] policy, whether they currently live in your household or not.")

(IWER: CLARIFY IF NEEDED: "This includes children who are away at college, or any other children who may live outside your household, as long as they are covered on YOUR [Health Plan] policy.")

(IWER: CLARIFY IF NEEDED: "This includes step-children IF they are covered as dependents on YOUR [Health Plan] policy.")

00. NONE/NO CHILDREN COVERED/NO --> CK.QS11A

01. ONE CHILD COVERED/YES

\_\_\_ # CHILDREN COVERED ON Rs POLICY

97. R HAS NO CHILDREN -----> QS9A

99. REFUSED -----> CK.QS11A

DK -----> CK.QS11A

S11. [Is your child/How many of these [##] children are] less than 5 years old?

(IWER: IF R SAYS "I HAVE NO CHILDREN", ENTER:"97". INTERVIEW WILL GO BACK TO QS9A FOR YOU TO RE-READ)

(IWER: IF R SAYS "NO CHILDREN UNDER 5", ENTER:"00")

(IWER: CLARIFY IF NEEDED: "This includes children covered as dependents on YOUR [Health Plan] policy, whether they currently live in your household or not.")

(IWER: CLARIFY IF NEEDED: "This includes step-children IF they are covered as dependents on YOUR [Health Plan] policy.")

00. NONE/NO COVERED CHILDREN UNDER 5/NO

01. ONE COVERED CHILD UNDER 5/YES

\_\_\_ # COVERED CHILDREN UNDER 5 YEARS OLD

97. R HAS NO CHILDREN -----> QS9A

99. REFUSED

DK

CK.QS11A

IF R HAS INDIVIDUAL COVERAGE, GO TO QS12

IF R HAS FAMILY COVERAGE AND SPOUSE AND/OR CHILDREN ARE COVERED, GO TO QS12

IF R HAS FAMILY COVERAGE AND BOTH SPOUSE AND CHILDREN ARE NOT COVERED,  
TERMINATE

S12. Are [you/ you or your (husband/wife)/ you, or (your child/any of your children) covered by [Health Plan],/ you, your (husband/wife), or (your child/any of your children) covered by [Health Plan],] ALSO insured by another health plan?

- 1. YES
- 2. NO -----> CK.PRIMARY
- 9. REFUSED --> CK.PRIMARY
- DK -----> CK.PRIMARY

S13A. Is [Health Plan] the one that YOU PERSONALLY consider to be your own PRIMARY health insurance?

(IWER: CLARIFY IF NEEDED: "Your primary insurance would be the one that is MOST IMPORTANT to you, or that you USE THE MOST.")

- 1. YES - [Health Plan] IS PRIMARY
- 2. NO - OTHER INSURANCE IS PRIMARY -----> TERMINATE
- 3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
- 9. REFUSED -----> TERMINATE
- DK -----> TERMINATE

CK.QS13B

IF R HAS INDIVIDUAL COVERAGE, GO TO CK.PRIMARY

IF R HAS FAMILY COVERAGE AND SPOUSE IS COVERED, ASK QS13B

IF R HAS FAMILY COVERAGE AND CHILDREN ARE COVERED, ASK QS13C

S13B. Is [Health Plan] the one that your [husband/wife] considers to be [his/her] PRIMARY health insurance?

(IWER: CLARIFY IF NEEDED: "Primary insurance would be the one that is MOST IMPORTANT, or USED THE MOST.")

- 1. YES - [Health Plan] IS PRIMARY
- 2. NO - OTHER INSURANCE IS PRIMARY
- 3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
- 9. REFUSED
- DK

S13C. Is [Health Plan] the one that you consider to be the PRIMARY health insurance for [your child/any of your children] covered by [Health Plan]?

(IWER: CLARIFY IF NEEDED: "Primary insurance would be the one that is MOST IMPORTANT, or USED THE MOST.")

- 1. YES - [Health Plan] IS PRIMARY
- 2. NO - OTHER INSURANCE IS PRIMARY
- 3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
- 9. REFUSED
- DK



CK.PRIMARY

IF R HAS INDIVIDUAL COVERAGE...

If QS12 = No Other Health Plans/DK/REF, Go To Intro.Q1

If QS13A = [Health Plan] Is Primary, Go To Intro.Q1

If QS13A = Neither Plan Is Primary, Go To Intro.Primary

=>THE REFERENT IS R

IF R HAS FAMILY COVERAGE AND ONLY SPOUSE IS A DEPENDENT...

If QS12 = No Other Health Plans/DK/REF, Go To Intro.Q1

If QS13A and QS13B = [Health Plan] Is Primary, Go To Intro.Q1

If QS13A or QS13B = Neither Plan Is Primary, Go To Intro.Primary

=>THE REFERENT IS R AND SPOUSE

\*\*(If QS13B = Other Is Primary/DK/REF, THE REFERENT IS R ONLY)

IF R HAS FAMILY COVERAGE AND ONLY CHILDREN ARE DEPENDENTS...

If QS12 = No Other Health Plans/DK/REF, Go To Intro.Q1

If QS13A and QS13C = [Health Plan] Is Primary, Go To Intro.Q1

If QS13A or QS13C = Neither Plan Is Primary, Go To Intro.Primary

=>THE REFERENT IS R AND CHILDREN

\*\*(If QS13C = Other Is Primary/DK/REF, THE REFERENT IS R ONLY)

IF R HAS FAMILY COVERAGE AND BOTH SPOUSE AND CHILDREN ARE DEPENDENTS...

If QS12 = No Other Health Plans/DK/REF, Go To Intro.Q1

If QS13A and QS13B and QS13C = [Health Plan] Is Primary, Go To Intro.Q1

If QS13A or QS13B or QS13C = Neither Plan Is Primary, Go To Intro.Primary

=>THE REFERENT IS R AND FAMILY

\*\*(If QS13B = Other Is Primary/DK/REF, THE REFERENT IS R AND CHILDREN ONLY)

\*\*(If QS13C = Other Is Primary/DK/REF, THE REFERENT IS R AND SPOUSE ONLY)

\*\*(If QS13B and QS13C = Other Is Primary/DK/REF, THE REFERENT IS R ONLY)

INTRO.PRIMARY

The rest of this survey will be about [Health Plan] ONLY, NOT any OTHER health plan you may have.

SECTION 1: Which Plan is Best?

INTRO.Q1

The [State of Minnesota/University of Minnesota] currently offers a choice of 5 health plans to its employees who live in the Twin Cities Metro Area. These plans are Group Health, Med Centers, Medica Primary, State Health Plan, and Medica Premier.

1. Which of these do YOU PERSONALLY think is the best health plan overall, whether you happen to be enrolled in it or not?

(READ LIST IF NEEDED)

1. GROUP HEALTH,
  2. MED CENTERS,
  3. MEDICA PRIMARY,
  4. STATE HEALTH PLAN, OR
  5. MEDICA PREMIER?
  6. PLANS DON'T DIFFER/CANT SAY ANY ONE IS BEST (VOLUNTEERED) (DO NOT READ)
- DK (DO NOT READ)

SECTION 2: Personal Importance of Selected Plan Features

INTRO.Q2

People have different opinions about what is important to them in a health plan. I'm going to read a list of health plan FEATURES. For each one, please tell me HOW IMPORTANT it is to YOU PERSONALLY.

PROBE MUST ALWAYS BE READ FOR Q2 AND Q3, THEN AS NEEDED ONLY FOR Q4 TO Q9

(2-9). [First, how important is/(How about/How important [is/is it that/are]]

2. "The quality of the doctors who are available to you through your health plan."
3. "Being able to see a specialist when you think you need to."
4. "The length of time between MAKING an appointment and actually GETTING IN to see the doctor."
5. "The hours that your usual doctor's offices and clinics are open."
6. "The quality of the customer service you get from your health plan, including how well the plan explains things and how well Member Services handles any questions or problems you might have."
7. "Your health plan offer programs for its members that help them deal with stress, improve their nutrition, stop smoking, and so on."
8. "Keeping the amount of the health insurance premium that YOU PERSONALLY have to pay as small as possible."
9. "Keeping what YOU PERSONALLY have to pay for co-payments and other out-of-pocket costs as small as possible."

(Is this EXTREMELY IMPORTANT, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL IMPORTANT?)

1. EXTREMELY IMPORTANT
2. VERY IMPORTANT
3. SOMEWHAT IMPORTANT
4. NOT VERY IMPORTANT
5. NOT AT ALL IMPORTANT
- DK

## SECTION 3: Health Plan Comparisons - Quality and Cost Ratings

## INTRO.Q10

\*\*\*

The next questions ask for YOUR IMPRESSIONS about the QUALITY of the 5 health plans that the [State/University] offers as choices for employees who live in the Twin Cities Metro Area. Based on whatever impressions YOU have, please rate the OVERALL QUALITY of each plan. If you have no impression at all about a health plan, just tell me that you can't rate that plan.

ROTATE Q10,Q11,Q12,Q13,Q14

\*\*\*

(10-14). [First, please rate/(How about/Please rate)]

10. "The OVERALL QUALITY of Group Health."
11. "The OVERALL QUALITY of Med Centers."
12. "The OVERALL QUALITY of Medica Primary."
13. "The OVERALL QUALITY of State Health Plan."
14. "The OVERALL QUALITY of Medica Premier."

(Using any number from 1 to 10, where "1" means LOW QUALITY, "5" means AVERAGE QUALITY, and "10" means HIGH QUALITY.)

01	02	03	04	05	06	07	08	09	10
LOW				AVERAGE					HIGH
QUALITY				QUALITY					QUALITY

11. CAN'T RATE/NO BASIS FOR ANSWERING (DO NOT PROBE)
99. REFUSED (DO NOT PROBE)
- DK (DO NOT PROBE)

## INTRO.Q15

\*\*\*

Now I'd like your impressions about the OVERALL COST of these same plans. Based on whatever impressions YOU have, please rate the OVERALL COST of each health plan. This time, a "1" means LOW COST, "5" means AVERAGE COST and "10" means HIGH COST. If you have no impression at all about a plan, just tell me that you can't rate that plan.

ROTATE (PARALLEL WITH Q10) Q15,Q16,Q17,Q18,Q19

\*\*\*

(15-19). [First, please rate/(How about/Please rate)]

15. 'The OVERALL COST that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Group Health.'
16. 'The OVERALL COST that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Med Centers.'

17. 'The OVERALL COST that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Medica Primary.'

18. 'The OVERALL COST that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for State Health Plan.'

19. 'The OVERALL COST that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Medica Premier.'

(Using any number from 1 to 10, where "1" means LOW COST, "5" means AVERAGE COST, and "10" means HIGH COST.)

(IWER: CLARIFY IF NEEDED: "The OVERALL COST that the employee has to pay for premiums, co-payments, and other out-of-pocket costs.")

01	02	03	04	05	06	07	08	09	10
LOW				AVERAGE					HIGH
COST				COST					COST

11. CAN'T RATE/NO BASIS FOR ANSWERING (VOLUNTEERED)

99. REFUSED

DK (DO NOT PROBE)

#### SECTION 4: Knowledge about Current Plans; General Interest in Information

\*\*\*

20. Overall, how much do you feel you know about the 5 health plans offered by the [State/University] to employees in the Twin Cities Metro Area and how these plans compare with each other? Would you say that you know A GREAT DEAL, A FAIR AMOUNT, A LITTLE, or ALMOST NOTHING AT ALL?

(IWER: CLARIFY IF NEEDED: "Please base your answers on what you know NOW.")

1. A GREAT DEAL

2. A FAIR AMOUNT

3. A LITTLE

4. ALMOST NOTHING AT ALL/NOTHING

DK

\*\*\*

21. Still thinking about these 5 health plans (offered to employees in the Twin Cities Metro Area), how HARD or EASY do you think it is for an employee like yourself to judge the quality of these health plans? Is it VERY EASY, EASY, HARD, or VERY HARD?

(IWER: IF R SAYS "IT DEPENDS", PROBE: "Taking everything into account, what would you say?")

1. VERY EASY

2. EASY

3. HARD

4. VERY HARD

5. NEITHER HARD NOR EASY (VOLUNTEERED)

6. IT DEPENDS (PROBE BEFORE TAKING) (VOLUNTEERED)

DK

22. People differ in how much information they like to have before they make decisions. What about you - when you are trying to pick a health plan, would you rather have AS MUCH INFORMATION AS POSSIBLE, AS LITTLE INFORMATION AS NEEDED TO MAKE THE DECISION, or SOMETHING IN-BETWEEN?

1. AS MUCH INFORMATION AS POSSIBLE
2. AS LITTLE INFORMATION AS NEEDED TO MAKE THE DECISION
3. SOMETHING IN-BETWEEN
- DK

#### SECTION 5: Attachment to Physicians

##### INTRO.Q23

Now a question about doctors.

23. Some people feel so strongly about the doctors they see that if the doctor dropped out of their health plan, they would change plans. If any of the doctors that [you/you and your family] see were to leave your health plan, do you think you would TRY TO CHANGE HEALTH PLANS TO STAY WITH THIS DOCTOR, or STAY WITH YOUR CURRENT HEALTH PLAN AND FIND ANOTHER DOCTOR?

(IWER: IF R SAYS "DON'T KNOW", PROBE: "Which would you be MORE likely to do?")

1. TRY TO CHANGE HEALTH PLANS TO STAY WITH THIS DOCTOR
2. STAY WITH CURRENT HEALTH PLAN AND FIND ANOTHER DOCTOR
- DK

#### SECTION 6, Part 1: Current Plan: Satisfaction With Selected Features of Current Plan

##### INTRO.Q24

Now I'd like to know how SATISFIED or DISSATISFIED you are with certain things about [Health Plan]. Please base your answers on [your/your and your family's] experiences with [Health Plan] during the last 12 months.

PROBE WILL NOT BE READ FOR Q24

ONLY Q25, Q26 AND Q28 WILL HAVE OPTION 6 AVAILABLE

(24-30). [First, are you VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED with/(How about/How SATISFIED or DISSATISFIED are you with)]

24. "The quality of the doctors who are available to [you/you and your family] through [Health Plan]."

25. "Being able to get a referral to a specialist, or [have you not/has no one] needed to see a specialist in the last 12 months?"

26. "The length of time between MAKING an appointment and actually GETTING IN to see the doctor, or [have you not/has no one] made an appointment in the last 12 months?"

27. "The hours that [your/your and your family's] usual doctor's offices and clinics are open."

28. "The quality of the customer service you have received from [Health Plan], including how well the plan explains things and how well Member Services has handled any questions or problems you have had."

29. "The amount of the health insurance premium that YOU PERSONALLY have to pay for [Health Plan] through payroll deduction."

30. "What [you/you and your family] have to pay for co-payments and other out-of-pocket costs as [a member/members] of [Health Plan]."

(Are you VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED?)

(IWER: CLARIFY IF NEEDED: "In the LAST 12 MONTHS.")

1. VERY SATISFIED
2. SATISFIED
3. DISSATISFIED
4. VERY DISSATISFIED
5. NEITHER SATISFIED NOR DISSATISFIED (VOLUNTEERED)
6. NO SPECIALIST/NO APPTS/NO CONTACT WITH PLAN (VOLUNTEERED)
- DK

SECTION 6, PART 2: Bottom Line on Current Plan (Satisfaction, Intent to Switch)

31. All things considered, how do you feel about having [Health Plan] as your health plan? Are you VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED?

1. VERY SATISFIED
2. SATISFIED
3. DISSATISFIED
4. VERY DISSATISFIED
5. NEITHER SATISFIED NOR DISSATISFIED (VOLUNTEERED)
- DK

32. Are you thinking about possibly switching to a different health plan this fall during open enrollment?

1. YES
2. NO -----> Q34
3. MAYBE/IT DEPENDS (VOLUNTEERED)
- DK (DO NOT PROBE) -----> Q34

33. What is the MAIN reason you might consider switching? Is it related to...

(IWER: IF R GIVES MORE THAN ONE REASON, PROBE: "If you had to pick ONE, what would that be?")

(READ LIST) (SELECT ONE ONLY)

1. COVERAGE,
2. COST,
3. QUALITY,
4. CONVENIENCE,
5. DOCTORS, OR
6. SOME OTHER REASON?
- DK (DO NOT READ)

#### SECTION 7: Health-Related Attitudes and Behaviors

34. Some people think about their health a lot, while others almost never think about it. What about you - how often do you generally think about your own health? Would you say NEVER, RARELY, SOMETIMES, OFTEN, or VERY OFTEN?

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. VERY OFTEN
- DK

35. How often do you TALK with your family and friends about your health or the health of your family?

(Would you say NEVER, RARELY, SOMETIMES, OFTEN, or VERY OFTEN?)

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. VERY OFTEN
- DK

36. How many books about health, healthy living, or taking care of yourself do you own?

(READ LIST IF NEEDED)

1. NO BOOKS OF THIS TYPE/(NONE),
2. 1 TO 3 (BOOKS),
3. 4 TO 9 (BOOKS), OR
4. 10 BOOKS OR MORE?
- DK (DO NOT READ)

37. Do you believe that a health plan can help you change your life style?

Would you say DEFINITELY YES, PROBABLY YES, PROBABLY NOT or DEFINITELY NOT?

1. DEFINITELY YES
2. PROBABLY YES
3. PROBABLY NOT
4. DEFINITELY NOT
- DK

#### SECTION 8: Use of Health Services

38. Please estimate the total number of visits that [YOU PERSONALLY/ you and your (husband/wife)/ you, and (your child/any of your children) who (is/are) covered by [Health Plan]/ you, your (husband/wife), and (your child/any of your children) who (is/are) covered by [Health Plan].] have made to the doctor's office or clinic, urgent care, or the emergency room in the last 12 months.

(IWER: IF R ASKS OR SAYS "DON'T KNOW", PROBE: "Just give your BEST ESTIMATE of the total number of visits to doctor's offices or clinics, urgent care, and emergency care.")

(IWER: CLARIFY IF NEEDED: "I'm asking for the APPROXIMATE total number of visits.")

(IWER: CLARIFY IF NEEDED: "Just during the LAST 12 MONTHS.")

(IWER: USE RIGHT SHIFT KEY TO SEE LIST OF TYPES OF VISITS INCLUDED IN THIS QUESTION)  
(DO NOT READ THESE LISTS TO R)

VISITS NOT INCLUDED: Overnight Hospital Stays  
Dental Visits

VISITS INCLUDED:	Urgent Care Centers	Doctors
	Emergency Rooms	[Nurse Midwives]
	Mental Health	Nurse Practitioners
	Alcohol Treatment	Physician Assistants
	Drug Treatment	Physical Therapists
	Chiropractic Visits	
	Ophthalmologist (Eye Doctor)	

(READ LIST IF NEEDED)

1. NO VISITS/(NONE),
2. 1 VISIT,
3. 2 to 5 (VISITS),
4. 6 to 9 (VISITS),
5. 10 TO 14 (VISITS), OR
6. 15 VISITS OR MORE?
- DK (DO NOT READ)



39. Have [YOU PERSONALLY/ you or your (husband/wife) /you, or (your child/any of your children) who (is/are) are covered by [Health Plan], /you, your (husband/wife), or (your child/any of your children) who (is/are) covered by [Health Plan],] had same-day surgery or been hospitalized overnight anytime during the last 12 months [for reasons OTHER than pregnancy or childbirth]?

(IWER: CLARIFY IF NEEDED: "Same-day or outpatient surgery means having an operation that didn't involve staying overnight at the hospital.")

- 1. YES
- 2. NO
- DK

IF R IS MALE AND HAS INDIVIDUAL COVERAGE, GO TO Q41

IF R IS MALE AND HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE, GO TO Q41

IF R IS MALE AND HAS FAMILY COVERAGE BUT NOT PRIMARY FOR COVERED SPOUSE, GO TO Q41

40. [Has your wife/Have you] been hospitalized overnight for pregnancy or childbirth during the last 12 months?

- 1. YES
- 2. NO
- DK

#### SECTION 9: Health Status

41. In general, would you say that your own health is EXCELLENT, VERY GOOD, GOOD, FAIR, or POOR?

- 1. EXCELLENT
- 2. VERY GOOD
- 3. GOOD
- 4. FAIR
- 5. POOR
- 9. REFUSED
- DK

#### SECTION 11: Knowledge About the Available Health Plans

##### INTRO.Q42

Next, I have a few questions about health plan benefits and coverage.

42. Some health plans offer programs for their members that help them to deal with stress, improve their nutrition, stop smoking, and so on. Does [Health Plan] offer any programs of this type?

- 1. YES
- 2. NO
- DK (DO NOT PROBE)

43. Urgent care is treatment you get for non-emergency situations when the usual doctor's office or clinic is closed. If you receive urgent care at an urgent care center [and this visit is authorized by your primary care doctor,] will [Health Plan] pay ALL OF THE COST, SOME OF THE COST, or NONE OF THE COST?

1. ALL OF THE COST
2. SOME OF THE COST
3. NONE OF THE COST
- DK (DO NOT PROBE)

44. What about the coverage for a general hospital admission, NOT including mental health or chemical dependency admissions? Will [Health Plan] pay ALL, SOME, or NONE OF THE COST?

1. ALL OF THE COST
2. SOME OF THE COST
3. NONE OF THE COST
- DK (DO NOT PROBE)

45. Suppose you want to see a specialist such as an allergist or dermatologist, and this specialist is part of [Health Plan]. Do you need to get a referral or permission from your [Health Plan] primary care doctor in order to see this [Health Plan] specialist and have it paid for by [Health Plan]?

1. YES
2. NO
- DK (DO NOT PROBE)

\*\*\*

46. Thinking about the 5 health plans offered by the [State/University] to its employees in the Twin Cities Metro Area, do these plans have DIFFERENT COVERAGE for prescription drugs, or is prescription coverage THE SAME FOR ALL 5 PLANS?

(IWER: CLARIFY IF NEEDED: "Coverage includes the amount of the co-payment and how much of the drug you can get at one time.")

1. DIFFERENT COVERAGE
2. SAME COVERAGE FOR ALL 5 PLANS
- DK (DO NOT PROBE)

SECTION 12: General Approach to Decision Making About Services

INTRO.Q47

Next, I'm going to read a list of types of information some people use when shopping for a health plan. For each one, please tell me whether you WOULD or WOULD NOT USE that type of information when making a decision about choosing a health plan.

(47-55). [First,/(How about)]

47. "Information about which health plans your friends are in."
48. "The opinion of an immediate family member or other relative."
49. "The opinion of a friend or someone you know."
50. "Objective ratings such as those provided in Consumer Reports."
51. "Past personal experience."
52. "Newspaper ads, or radio or television commercials."
53. "An article or newspaper report written by a knowledgeable third party."
54. "Printed brochures, pamphlets, or other information provided by the health plan."
55. "Information about what other members of the health plan have said."

(When choosing a health plan, would you say you DEFINITELY WOULD, PROBABLY WOULD, PROBABLY WOULD NOT or DEFINITELY WOULD NOT USE this type of information?)

(IWER: CLARIFY IF NEEDED: "Please tell me whether you WOULD or WOULD NOT USE this.")

(IWER: IF R SAYS "YES" OR "I WOULD USE IT", PROBE: "Would you say you DEFINITELY WOULD or PROBABLY WOULD USE this?")

(IWER: IF R SAYS "NO" OR "I WOULDN'T USE IT", PROBE: "Would you say you DEFINITELY WOULD NOT or PROBABLY WOULD NOT USE this?")

(IWER: IF R SAYS "PROBABLY", PROBE: "You PROBABLY WOULD or PROBABLY WOULD NOT USE this?")

(IWER: IF R SAYS "DEFINITELY", PROBE: "You DEFINITELY WOULD or DEFINITELY WOULD NOT USE this?")

1. DEFINITELY WOULD
2. PROBABLY WOULD
3. MAYBE (VOLUNTEERED)
4. PROBABLY WOULD NOT
5. DEFINITELY WOULD NOT
6. DON'T UNDERSTAND THE QUESTION (VOLUNTEERED)
- DK

SECTION 13: Demographics

INTRO.Q56A

These final questions are for statistical purposes only.

56A. What is your date of birth?

(ENTER MONTH:)

- 01. JANUARY
- 02. FEBRUARY
- 03. MARCH
- 04. APRIL
- 05. MAY
- 06. JUNE
- 07. JULY
- 08. AUGUST
- 09. SEPTEMBER
- 10. OCTOBER
- 11. NOVEMBER
- 12. DECEMBER
- 99. REFUSED ----> Q57
- DK -----> Q57

56B. (ENTER DAY:)

- DAY \_\_
- 99. REFUSED
- DK

56C. (ENTER YEAR:)

- YEAR 19 \_\_
- 99. REFUSED
- DK

57. What is the highest grade you completed in school?

(READ LIST IF NEEDED)

- 1. 8TH GRADE OR LESS,
- 2. SOME HIGH SCHOOL,
- 3. HIGH SCHOOL GRADUATE OR GED,
- 4. SOME COLLEGE OR VOCATIONAL OR TECH SCHOOL,
- 5. COLLEGE GRADUATE, OR
- 6. POST-GRADUATE OR PROFESSIONAL DEGREE?
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

58. Do [you/you or your (husband/wife)] work in a doctor's office or clinic, a hospital, or any other place that provides medical care?

(IWER: CLARIFY IF NEEDED: "Whether or not your [husband/wife] is covered by [Health Plan].")

- 1. YES
- 2. NO
- 9. REFUSED
- DK

59. Approximately what was your total household income last year before taxes? Just stop me when I read the category that best describes you.

(IWER: CLARIFY IF NEEDED: "Yes, we are speaking about combined income.")

(READ LIST)

- 1. LESS THAN \$10,000 DOLLARS (\$9,999),
- 2. 10 TO JUST UNDER \$20,000 (\$19,999),
- 3. 20 TO JUST UNDER \$40,000 (\$39,999),
- 4. 40 TO JUST UNDER \$60,000 (\$59,999),
- 5. 60 TO JUST UNDER \$80,000 (\$79,999), OR
- 6. \$80,000 DOLLARS OR MORE?
- 9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

60. (IWER RECORD SEX OF RESPONDENT)

("DK" NOT ALLOWED)

- 1. MALE
- 2. FEMALE

THANK YOU

Thank you for your time. If you are one of the people we call again in a few months we hope you will again take part in our survey.

Those are all the questions I have. Have a nice day/evening.

## **APPENDIX D**

### **POSTENROLLMENT QUESTIONNAIRE**



**THE PARK NICOLLET REPORT CARD  
POSTENROLLMENT QUESTIONNAIRE**

**December 1995**

**Evaluation of the Impact of Health Plan Report Cards on Consumers' Knowledge,  
Attitudes, and Choice in a Managed Competition Setting**

Developed by

The Health Research Center  
Park Nicollet Medical Foundation  
3800 Park Nicollet Boulevard  
Minneapolis, Minnesota 55416

Developed for

The Health Care Financing Administration  
Grant #18-P-90601/5-01

For further information, contact

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DIAL SCREEN (IWER: YOU MAY INTERVIEW ONLY THE EMPLOYEE NAMED ON THIS SCREEN)

(IWER: VERIFY IF NEEDED: "Is this (###) ###-####?")

Hello, this is \_\_\_\_\_. May I please speak with [STATE/UNIVERSITY EMPLOYEE]?

(IWER: IF NEEDED READ: "I'm calling from DataStat in Ann Arbor, Michigan. We're conducting a survey for the [State of Minnesota Department of Employee Relations/University of Minnesota Department of Employee Benefits] that asks employees' opinions about their health insurance.")

INTRO. (IWER: SKIP TEXT IN PARENS IF IT HAS ALREADY BEEN READ TO THE R)

(Hello, this is \_\_\_\_\_, calling from DataStat in Ann Arbor, Michigan. We're conducting a survey for the [State of Minnesota Department of Employee Relations/University of Minnesota Department of Employee Benefits] that asks employees' opinions about their health insurance.)

FOR RE-CONTACT EMPLOYEES:

You are part of a group of employees we interviewed a few months ago. For this follow-up part of the survey, we'd like to talk with you again, now that open enrollment is over. As before, the interview is voluntary and confidential. No one at the [State/University] or at your health plan will see names or know how you answered. I'd like to ask you some questions, if I may?

FOR FIRST CONTACT EMPLOYEES:

You were randomly selected as part of a representative cross-section of employees to be interviewed. The interview is confidential. No one at the [State/University] or at your health plan will see names or other information that would make it possible to identify [you/you or your family]. Your participation is voluntary. I'd like to ask you some questions, if I may?

(IWER: IF R ASKS HOW LONG THE INTERVIEW TAKES, CLARIFY: "It depends on your answers, it shouldn't be more than about 25 minutes.")

(IWER: IF R ASKS HOW YOU GOT THEIR NAME, CLARIFY: "I work at DataStat, an outside organization hired to do this survey. The [State of Minnesota/University of Minnesota] gave us a list of names of employees for use in this survey.")

(IWER: CLARIFY IF NEEDED: "We're a research firm, not a telemarketing company.")

(IWER: CLARIFY IF NEEDED: "I'm not selling anything.")

(IWER: CLARIFY IF NEEDED: "This is not a marketing survey.")

(IWER: CLARIFY IF NEEDED: "The survey is being done to understand what employees think about their health insurance choices and how they made decisions during open enrollment.")

(IWER: 'DOER' refers to the State of Minnesota Department of Employee Relations.)

1. R ON PHONE OR COMES TO PHONE
2. NEW TELEPHONE NUMBER
3. APPOINTMENT
4. REFUSAL
5. INF NEVER HEARD OF R
6. INF KNOWS R BUT NO NEW NUMBER
7. RETURN TO COVERSHEET (RNA,ANS MACH)

IF INTERVIEW IS A FOLLOW-UP/1ST ROUND, ASK QS1A  
IF INTERVIEW IS A RE-CONTACT/2ND ROUND, ASK QS1B

S1A. How long have you been employed by the [State/University]?

(IWER: IF R GIVES AN ANSWER THAT FALLS BETWEEN CATEGORIES, ENTER THE CATEGORY/ROUND UP.)

(IWER: IF R SAYS THEY HAVE BEEN EMPLOYED FOR DIFFERENT PERIODS OF TIME, PROBE:  
"Include just the number of years of your most recent employment.")

(IWER: IF R SAYS "RETIRED" OR "LAID OFF", ENTER: "6. NO LONGER EMPLOYED")

(IWER: CLARIFY IF NEEDED: "Would you say LESS THAN 1 YEAR, 1 TO 2 YEARS, 3 TO 4, 5 TO 9, or 10 YEARS OR MORE?")

1. LESS THAN 1 YEAR
2. 1 TO 2 YEARS
3. 3 TO 4 YEARS
4. 5 TO 9 YEARS
5. 10 YEARS OR MORE
6. NO LONGER EMPLOYED BY [STATE/UNIVERSITY] (VOLUNTEERED) --> TERMINATE
9. REFUSED
- DK

S1B. Are you still employed with the [State/University]?

(IWER: IF R SAYS "RETIRED" OR "LAID OFF", ENTER: "2. NO")

1. YES
2. NO -----> TERMINATE
9. REFUSED --> TERMINATE
- DK -----> TERMINATE

S1C. [According to our records,/When we last spoke with you we recorded] [you/that you] [have been/were] enrolled in [1995 Health Plan] for 1995. Is that correct?

FOR GROUP HEALTH ONLY:

(IWER: IF R SAYS "HEALTH PARTNERS", CLARIFY: "Would that be Med Centers or Group Health?".  
IF R SAYS "MED CENTERS", ENTER :2'. IF R SAYS "GROUP HEALTH", ASK: "[Are/Were] you enrolled in Group Health for 1995?")

FOR MED CENTERS ONLY:

(IWER: IF R SAYS "PARK NICOLLET", CLARIFY: "Park Nicollet is part of Med Centers. [Are/Were] you enrolled in Med Centers for 1995?")

(IWER: IF R SAYS "HEALTH PARTNERS", CLARIFY: "Would that be Med Centers or Group Health?".  
IF R SAYS "GROUP HEALTH", ENTER: '2'. IF R SAYS "MED CENTERS", ASK: "[Are/Were] you enrolled in Med Centers for 1995?")

FOR MEDICA PRIMARY ONLY:

(IWER: IF R SAYS "MEDICA", CLARIFY: "Would that be Medica PREMIER or Medica PRIMARY?". IF R SAYS "MEDICA PREMIER", ENTER: '2'. IF R SAYS "MEDICA PRIMARY", ASK: "[Are/Were] you enrolled in Medica Primary for 1995?")

(IWER: IF R SAYS "SHARE", CLARIFY: "Share is now Medica Primary. [Are/Were] you enrolled in Medica Primary for 1995?")

FOR STATE HEALTH PLAN ONLY:

(IWER: IF R SAYS "AWARE GOLD", CLARIFY: "Would that be Aware Gold or State Health Plan?". IF R REPEATS "AWARE GOLD", ENTER: '2'. IF R SAYS "STATE HEALTH PLAN", ASK: "[Are/Were] you enrolled in State Health Plan for 1995?")

(IWER: IF R SAYS "BC/BS" or "Blue Cross/Blue Shield", CLARIFY: "BC/BS administers State Health Plan. [Are/Were] you enrolled in State Health Plan for 1995?")

FOR MEDICA PREMIER ONLY:

(IWER: IF R SAYS "MEDICA", CLARIFY: "Would that be Medica PREMIER or Medica PRIMARY?". IF R SAYS "MEDICA PRIMARY", ENTER: '2'. IF R SAYS "MEDICA PREMIER", ASK: "[Are/Were] you enrolled in Medica Premier for 1995?")

(IWER: IF R SAYS "PHP", CLARIFY: "PHP is now Medica Premier. [Are/Were] you enrolled in Medica Premier for 1995?")

1. YES
2. NO -----> TERMINATE
9. REFUSED --> TERMINATE
- DK -----> TERMINATE

IF INTERVIEW IS A RE-CONTACT/2ND ROUND, GO TO QS1

S1D. Up to this point, about how many years have you been enrolled in [1995 Health Plan]?

[(IWER: IF R SAYS 'NO LONGER IN PLAN', PROBE: 'How many years WERE you in [1995 Health Plan]?)]

(IWER: IF R SAYS THEY HAVE BEEN ENROLLED FOR DIFFERENT PERIODS OF TIME, PROBE: "Include just the number of years of your most recent enrollment.")

(IWER: IF R GIVES AN ANSWER THAT FALLS BETWEEN CATEGORIES, ENTER THE HIGHER CATEGORY/ROUND UP.)

(IWER: CLARIFY IF NEEDED: "Would you say LESS THAN 1 YEAR, 1 TO 2 YEARS, 3 TO 4, [5 TO 9, or 10 YEARS OR MORE/or 5 TO 9 YEARS]?")

[(IWER: CLARIFY IF NEEDED: 'Only include how long you've been enrolled in State Health Plan.')] ]

1. LESS THAN 1 YEAR
2. 1 TO 2 YEARS
3. 3 TO 4 YEARS
4. 5 TO 9 YEARS
5. 10 YEARS OR MORE (NOT FOR SHP)
9. REFUSED

DK

S1. Now let's talk about 1996. What health plan did you select for 1996?

(Is it GROUP HEALTH, HEALTH PARTNERS, MEDICA PRIMARY, ORIGINAL STATE HEALTH PLAN, STATE HEALTH PLAN SELECT, or MEDICA PREMIER?)

(IWER: IF R SAYS "BC/BS" OR "BLUE CROSS/BLUE SHIELD", CLARIFY: "State Health Plan has been available previously throughout the state and is administered by Blue Cross/Blue Shield. Are you enrolled in ORIGINAL State Health Plan or State Health Plan SELECT for 1996?")

(IWER: IF R SAYS "GROUP HEALTH, BUT I THINK IT'S CALLED HEALTH PARTNERS NOW", PROBE: "Which of these did you SIGN UP FOR for 1996?")

(IWER: IF R SAYS "HEALTH PARTNERS BUT I THINK IT'S CALLED GROUP HEALTH NOW", PROBE: "Which of these did you SIGN UP FOR for 1996?")

(IWER: IF R SAYS "MED CENTERS", CLARIFY: "Med Centers was replaced by Health Partners. Are you enrolled in Health Partners for 1996?")

(IWER: IF R SAYS "MEDICA", CLARIFY: "Are you enrolled in Medica PRIMARY or Medica PREMIER for 1996?")

(IWER: IF R SAYS "PARK NICOLLET", CLARIFY: "Park Nicollet is part of Health Partners. Are you enrolled in Health Partners for 1996?")

(IWER: IF R SAYS "PHP", CLARIFY: "PHP is now Medica Premier. Are you enrolled in Medica PREMIER for 1996?")

(IWER: IF R SAYS "SHARE", CLARIFY: "Share is now Medica Primary. Are you enrolled in Medica PRIMARY for 1996?")

(IWER: IF R SAYS "STATE HEALTH PLAN", CLARIFY: "Are you enrolled in ORIGINAL State Health Plan or State Health Plan SELECT for 1996?")

(IWER: IF R SAYS "THE CHEAP STATE HEALTH PLAN", CLARIFY: "The CHEAP State Health Plan is State Health Plan SELECT. Are you enrolled in State Health Plan SELECT for 1996?")

(IWER: IF R SAYS "THE LOW COST CARRIER", CLARIFY: "The LOW COST CARRIER is State Health Plan SELECT. Are you enrolled in State Health Plan SELECT for 1996?")

(IWER: IF R SAYS "THE NEW STATE HEALTH PLAN", CLARIFY: "The NEW State Health Plan is State Health Plan SELECT. Are you enrolled in State Health Plan SELECT for 1996?")

(IWER: IF R MENTIONS A HEALTH PLAN THAT IS NOT ONE OF THE ABOVE CHOICES, E.G., MEDICARE OR FIRST PLAN, ENTER: "7. OTHER HEALTH PLAN")

1. GROUP HEALTH
2. HEALTH PARTNERS
3. MEDICA PRIMARY
4. ORIGINAL STATE HEALTH PLAN
5. STATE HEALTH PLAN SELECT
6. MEDICA PREMIER
7. OTHER HEALTH PLAN (VOLUNTEERED) --> TERMINATE
9. REFUSED -----> TERMINATE
- DK -----> TERMINATE

S2. According to our records, in 1995 you [have had/had] [INDIVIDUAL/FAMILY] coverage. Will you still have [INDIVIDUAL/FAMILY] coverage in 1996?

(IWER: CLARIFY IF NEEDED: "INDIVIDUAL coverage means that you are the ONLY person covered on YOUR Health Plan policy.")

(IWER: CLARIFY IF NEEDED: "FAMILY coverage means that a spouse or children are covered AS DEPENDENTS on YOUR Health Plan policy.")

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES
2. NO -----> TERMINATE
9. REFUSED --> TERMINATE
- DK -----> TERMINATE

IF INTERVIEW IS RE-CONTACT/2ND ROUND, GO TO INTRO.QS3

IF INTERVIEW IS FOLLOW-UP/1ST ROUND, GO TO QS3

INTRO.QS3

These next few questions concern family status. We asked these when we last spoke with you, but since it is possible for family status to have changed for some people, we need to ask these questions again.

S3. Are you married?

(IWER: "DK" NOT ALLOWED)

1. YES
2. NO
9. REFUSED

CK.QS4

[QS5 SKIP PATTERN BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO QS5

IF RESPONDENT HAS FAMILY COVERAGE BUT IS NOT MARRIED, GO TO QS5

S4. Is your [husband/wife] also covered by [1996 Health Plan] AS A DEPENDENT ON YOUR 1996 POLICY?

1. YES
2. NO
9. REFUSED
- DK

S5. How many children do you have, if any, who are less than 25 years old?

(IWER: CLARIFY IF NEEDED: "This does include step-children.")

00. NONE/NO CHILDREN UNDER 25  
\_\_\_ # CHILDREN UNDER 25 YEARS OLD

99. REFUSED  
DK

CK.QS6

[CK.QS8 SKIP PATTERN BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO CK.QS8

IF RESPONDENT HAS FAMILY COVERAGE BUT HAS NO CHILDREN UNDER 25, GO TO CK.QS8

S6. [Is your child [also] covered AS A DEPENDENT by [1996 Health Plan] on YOUR 1996 policy? /  
How many of your [##] children, if any, are [also] covered AS DEPENDENTS by [1996 Health  
Plan] on YOUR 1996 policy?]

(IWER: IF R SAYS "I HAVE NO CHILDREN", ENTER: "97". INTERVIEW WILL GO BACK TO QS5  
FOR YOU TO RE-READ)

(IWER: CLARIFY IF NEEDED: "This includes children covered as dependents on YOUR 1996 [1996  
Health Plan] policy, whether they currently live in your household or not.")

(IWER: CLARIFY IF NEEDED: "This includes children who are away at college, or any other children  
who may live outside your household, as long as they are covered on YOUR 1996 [1996 Health Plan]  
policy.")

(IWER: CLARIFY IF NEEDED: "This includes step-children IF they are covered as dependents on  
YOUR 1996 [1996 Health Plan] policy.")

00. NONE/NO CHILDREN COVERED/NO --> CK.QS8  
01. ONE CHILD COVERED/YES  
\_\_\_ # CHILDREN COVERED ON R's POLICY

97. R HAS NO CHILDREN -----> QS5  
99. REFUSED -----> CK.QS8  
DK -----> CK.QS8

S7. [Is your child/How many of these [##] children are] less than 5 years old?

(IWER: IF R SAYS "I HAVE NO CHILDREN", ENTER: "97". INTERVIEW WILL GO BACK TO QS5  
FOR YOU TO RE-READ)

(IWER: IF R SAYS "NO CHILDREN UNDER 5", ENTER: "00")

(IWER: CLARIFY IF NEEDED: "This includes children covered as dependents on YOUR 1996 [1996  
Health Plan] policy, whether they currently live in your household or not.")

(IWER: CLARIFY IF NEEDED: "This includes step-children IF they are covered as dependents on YOUR 1996 [1996 Health Plan] policy.")

- 00. NONE/NO COVERED CHILDREN UNDER 5/NO
- 01. ONE COVERED CHILD UNDER 5/YES
- # COVERED CHILDREN UNDER 5 YEARS OLD
- 97. R HAS NO CHILDREN -----> QS5
- 99. REFUSED
- DK

CK.QS8

[TERMINATE BASED ON "COVERAGE"]

IF RESPONDENT HAS FAMILY COVERAGE BUT BOTH SPOUSE AND CHILDREN ARE NOT COVERED, TERMINATE

- S8. Are [you/ you or your (husband/wife)/you, or (your child/any of your children) covered by [1996 Health Plan],/you, your (husband/wife), or (your child/any of your children) covered by [1996 Health Plan],] ALSO insured by another health plan for 1996?

(IWER: CLARIFY IF NEEDED: "This DOES NOT include dental insurance.")

(IWER: CLARIFY IF NEEDED: "This question refers to your 1996 health plan, [1996 Health Plan].")

- 1. YES
- 2. NO -----> CK.PRIMARY
- 9. REFUSED --> CK.PRIMARY
- DK -----> CK.PRIMARY

- S9. Is [1996 Health Plan] the one that YOU PERSONALLY consider to be your own PRIMARY health insurance for 1996?

(IWER: CLARIFY IF NEEDED: "Your primary insurance is your MAIN insurance - it is the insurance that is MOST IMPORTANT to you, or that you EXPECT TO USE THE MOST.")

- 1. YES - [1996 HEALTH PLAN] IS PRIMARY
- 2. NO - OTHER INSURANCE IS PRIMARY -----> TERMINATE
- 3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
- 9. REFUSED -----> TERMINATE
- DK -----> TERMINATE

CK.QS10

[CK.PRIMARY/QS10/QS11 SKIP PATTERN BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO CK.PRIMARY

IF RESPONDENT HAS FAMILY COVERAGE AND SPOUSE IS COVERED, ASK QS10

IF RESPONDENT HAS FAMILY COVERAGE AND CHILDREN ARE COVERED, ASK QS11

S10. Is [1996 HEALTH PLAN] the one that your [husband/wife] considers to be [his/her] PRIMARY health insurance for 1996?

(IWER: CLARIFY IF NEEDED: "Primary insurance is [his/her] MAIN insurance - it is the one that is MOST IMPORTANT, or EXPECTED TO USED THE MOST.")

1. YES - [1996 HEALTH PLAN] IS PRIMARY
2. NO - OTHER INSURANCE IS PRIMARY
3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
9. REFUSED
- DK

S11. Is [1996 Health Plan] the one that you consider to be the PRIMARY health insurance for [your child/any of your children] covered by [1996 Health Plan] for 1996?

(IWER: CLARIFY IF NEEDED: "Primary insurance is your [child's/children's] MAIN insurance - it is the one that is MOST IMPORTANT, or EXPECTED TO BE USED THE MOST.")

1. YES - [1996 HEALTH PLAN] IS PRIMARY
2. NO - OTHER INSURANCE IS PRIMARY
3. NEITHER INSURANCE IS PRIMARY (VOLUNTEERED)
9. REFUSED
- DK

CK.PRIMARY

[REFERENT DEFINITIONS BASED ON "COVERAGE" AND "PRIMARY INSURANCE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE: REFERENT IS RESPONDENT

IF RESPONDENT HAS FAMILY COVERAGE AND ONLY SPOUSE IS A DEPENDENT: REFERENT IS RESPONDENT AND SPOUSE

IF COVERED SPOUSE'S Other Insurance Is Primary/DK/REF: REFERENT IS RESPONDENT ONLY

IF RESPONDENT HAS FAMILY COVERAGE AND ONLY CHILDREN ARE DEPENDENTS:  
REFERENT IS RESPONDENT AND CHILDREN

IF COVERED CHILDREN'S Other Insurance Is Primary/DK/REF: REFERENT IS RESPONDENT ONLY

IF RESPONDENT HAS FAMILY COVERAGE AND BOTH SPOUSE AND CHILDREN ARE DEPENDENTS: REFERENT IS RESPONDENT AND FAMILY

IF COVERED SPOUSE'S Other Insurance Is Primary/DK/REF: REFERENT IS RESPONDENT AND CHILDREN ONLY

IF COVERED CHILDREN'S Other Insurance Is Primary/DK/REF: REFERENT IS RESPONDENT AND SPOUSE ONLY

IF BOTH COVERED SPOUSE'S AND CHILDREN'S Other Insurances Are Primary/DK/REF:  
REFERENT IS RESPONDENT ONLY



SECTION 1: Personal Importance of Selected Plan Features

INTRO.Q1

People have different opinions about what is important to them in a health plan. I'm going to read a list of health plan FEATURES. For each one, please tell me HOW IMPORTANT it is to YOU PERSONALLY.

[Q9 SKIP PATTERN BASED ON "COVERAGE"]

Q9 NOT ASKED IF MALE RESPONDENT HAS INDIVIDUAL COVERAGE

Q9 NOT ASKED IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE

PROBE ALWAYS READ FOR Q1 AND Q2, THEN AS NEEDED FOR Q3 TO Q9  
OPTION 6 AVAILABLE FOR Q9 ONLY

(1-9). [First, how important is/(How about/How important [is/is it that/are]]

1. "The quality of the doctors who are available to you through your health plan."
2. "Being able to see a specialist when you think you need to."
3. "The length of time between MAKING an appointment and actually GETTING IN to see the doctor."
4. "The hours that your usual doctor's offices and clinics are open."
5. "The quality of the customer service you get from your health plan, including how well the plan explains things and how well Member Services handles any questions or problems you might have."
6. "Your health plan offer programs for its members that help them deal with stress, improve their nutrition, stop smoking, and so on."
7. "Keeping the amount of the health insurance premium that YOU PERSONALLY have to pay as small as possible."
8. "Keeping what YOU PERSONALLY have to pay for co-payments and other out-of-pocket costs as small as possible."
9. "The choice of hospitals for maternity care."

(Is this EXTREMELY IMPORTANT, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL IMPORTANT?)

(IWER: CLARIFY IF NEEDED: "IN GENERAL, how important is this to you?")

1. EXTREMELY IMPORTANT
  2. VERY IMPORTANT
  3. SOMEWHAT IMPORTANT
  4. NOT VERY IMPORTANT
  5. NOT AT ALL IMPORTANT
  6. NOT APPLICABLE (VOLUNTEERED)
- DK

SECTION 2: 1996 Health Plan Comparisons - Quality and Cost Ratings

INTRO.Q10

\*\*\*

The next questions ask for YOUR IMPRESSIONS about the QUALITY of the 6 health plans that the [State/University] offered as choices for 1996 to employees who live in the Twin Cities Metro Area. Based on whatever impressions YOU have, please rate the OVERALL QUALITY of each plan. If you have NO impressions AT ALL about a health plan, just tell me that you can't rate that plan after I read the question.

ROTATE Q10,Q11,Q12,Q13,Q15  
Q13 ALWAYS PRECEDES Q14

\*\*\*

(10-15). [First, please rate/(How about/Please rate)]

10. "The OVERALL QUALITY of Group Health."
11. "The OVERALL QUALITY of Health Partners."
12. "The OVERALL QUALITY of Medica Primary."
13. "The OVERALL QUALITY of ORIGINAL State Health Plan."
14. "The OVERALL QUALITY of State Health Plan SELECT."
15. "The OVERALL QUALITY of Medica Premier."

(Using any number from 1 to 10, where "1" means LOW QUALITY, "5" means AVERAGE QUALITY, and "10" means HIGH QUALITY.)

(IWER: IF R SAYS "CANNOT RATE", DO NOT PROBE. EXPLAIN THAT AS A RULE, YOU MUST READ EACH QUESTION. ENTER: "11. CAN'T RATE")

01	02	03	04	05	06	07	08	09	10
LOW				AVERAGE					HIGH
QUALITY				QUALITY					QUALITY

11. CAN'T RATE/NO BASIS FOR ANSWERING (DO NOT PROBE)  
99. REFUSED (DO NOT PROBE)  
DK (DO NOT PROBE)

INTRO.Q16

\*\*\*

Now I'd like your impressions about the OVERALL COST of these same plans. If you have NO impressions AT ALL about a plan, just tell me that you can't rate that plan after I read the question.

ROTATE (PARALLEL WITH Q10) Q16,Q17,Q18,Q19,Q21

Q19 ALWAYS PRECEDES Q20

\*\*\*

(16-21). [First, please rate/(How about/Please rate)]

16. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for Group Health.'
17. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for Health Partners.'
18. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for Medica Primary.'
19. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for ORIGINAL State Health Plan.'
20. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for State Health Plan SELECT.'
21. 'The OVERALL COST [that the employee has to pay for premiums, co-payments, and other out-of-pocket costs] for Medica Premier.'

(Using any number from 1 to 10, where "1" means LOW COST, "5" means AVERAGE COST, and "10" means HIGH COST.)

(IWER: CLARIFY IF NEEDED: "The OVERALL COST that the employee has to pay for premiums, co-payments, and other out-of-pocket costs for [1996 Health Plan].")

(IWER: IF R SAYS "CANNOT RATE", DO NOT PROBE. EXPLAIN THAT AS A RULE, YOU MUST READ EACH QUESTION. ENTER: "11. CAN'T RATE")

01	02	03	04	05	06	07	08	09	10
LOW				AVERAGE					HIGH
COST				COST					COST

11. CAN'T RATE/NO BASIS FOR ANSWERING (DO NOT PROBE)  
 99. REFUSED (DO NOT PROBE)  
 DK (DO NOT PROBE)

SECTION 3: General Interest in 1996 Information

\*\*\*

22. Overall, how much do you feel you know about these health plans and how they compare to each other? Would you say that you know A GREAT DEAL, A FAIR AMOUNT, A LITTLE, or ALMOST NOTHING AT ALL?

(IWER: CLARIFY IF NEEDED: "The 6 health plans offered for 1996 by the [State/University] to employees in the Twin Cities Metro Area.")

(IWER: CLARIFY IF NEEDED: "Please base your answers on what you know NOW.")

1. A GREAT DEAL
  2. A FAIR AMOUNT
  3. A LITTLE
  4. ALMOST NOTHING AT ALL/NOTHING
- DK

[THERE IS NO QUESTION 23]

SECTION 4, Part 1: Satisfaction With Selected Features of 1995 Health Plan

IF INTERVIEW IS FOLLOW-UP/1ST ROUND, GO TO Q31

[INTRO.Q24 TEXT FILL BASED ON "REFERENT"]

INTRO.Q24

Now I'd like to know how SATISFIED or DISSATISFIED you are with certain things about your 1995 [1995 Health Plan] policy. Please base your answers on [your/your and your family's] experiences with [1995 Health Plan] during the last 12 months.

[Q24 TO Q30 TEXT FILLS BASED ON "REFERENT"]

PROBE NOT READ FOR Q24

OPTION 6 AVAILABLE FOR Q25, Q26, AND Q28 ONLY

(24-30). [First, are you VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED with/(How about/How SATISFIED or DISSATISFIED are you with)]

24. "The quality of the doctors who [have been/were] available to [you/you and your family] through [1995 Health Plan]."
25. "Being able to get a referral to a specialist, or [have you not made/has no one needed/did you not need/did no one need] to see a specialist in the last 12 months?"
26. "The length of time between MAKING an appointment and actually GETTING IN to see the doctor, or [have you not made/has no one made/did you not make/did no one make] an appointment in the last 12 months?"
27. "The hours that [your/your and your family's] usual doctor's offices and clinics [have been/were] open."
28. "The quality of the customer service you [have] received from [1995 Health Plan], including how well the plan [explains/explained] things and how well Member Services [has] handled any questions or problems you [have had/had]."
29. "The amount of the health insurance premium that YOU PERSONALLY [have had/had] to pay for [1995 Health Plan] through payroll deduction."
30. "What [you/you and your family] [have had/had] to pay for co-payments and other out-of-pocket costs as [a member/members] of [1995 Health Plan]."

(Are you VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED?)

(IWER: CLARIFY IF NEEDED: "In the LAST 12 MONTHS.")

IWER: CLARIFY IF NEEDED: "If you [have been/were] with your 1995 health plan, [1995 Health Plan], for less than 12 months, just base your answers on whatever experience you [have had/had].")

(IWER: CLARIFY IF NEEDED: "This question refers to your 1995 health plan, [1995 Health Plan].")

1. VERY SATISFIED
  2. SATISFIED
  3. DISSATISFIED
  4. VERY DISSATISFIED
  5. NEITHER SATISFIED NOR DISSATISFIED (VOLUNTEERED)
  6. NO SPECIALIST/NO APPTS/NO CONTACT WITH PLAN (VOLUNTEERED)
- DK

#### SECTION 4, PART 2: Bottom Line on 1995 Health Plan Satisfaction

31. All things considered, how HAVE YOU FELT about having [1995 Health Plan] as your health plan for 1995? Have you been VERY SATISFIED, SATISFIED, DISSATISFIED or VERY DISSATISFIED?

(IWER: CLARIFY IF NEEDED: "This question refers to your 1995 health plan, [1995 Health Plan].")

1. VERY SATISFIED
  2. SATISFIED
  3. DISSATISFIED
  4. VERY DISSATISFIED
  5. NEITHER SATISFIED NOR DISSATISFIED (VOLUNTEERED)
- DK

IF INTERVIEW IS A RE-CONTACT/2ND ROUND, GO TO Q39

#### SECTION 5: Health-Related Attitudes and Behaviors

32. Some people think about their health a lot, while others almost NEVER think about it. What about you - how often do you generally think about your own health? Would you say NEVER, RARELY, SOMETIMES, OFTEN, or VERY OFTEN?

1. NEVER
  2. RARELY
  3. SOMETIMES
  4. OFTEN
  5. VERY OFTEN
- DK

33. How often do you TALK with your family and friends about your health or the health of your family?

(Would you say NEVER, RARELY, SOMETIMES, OFTEN, or VERY OFTEN?)

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. VERY OFTEN
- DK

34. How many books about health, healthy living, or taking care of yourself do you own?

(READ LIST IF NEEDED)

1. NO BOOKS OF THIS TYPE/(NONE),
2. 1 TO 3 (BOOKS),
3. 4 TO 9 (BOOKS), OR
4. 10 BOOKS OR MORE?
- DK (DO NOT READ)

35. Do you believe that a health plan can help you change your life style? Would you say DEFINITELY, YES, PROBABLY YES, PROBABLY NOT or DEFINITELY NOT?

1. DEFINITELY YES
2. PROBABLY YES
3. PROBABLY NOT
4. DEFINITELY NOT
- DK

#### SECTION 6: Use of Health Services

[Q36 TEXT FILL BASED ON "REFERENT"]

36. Please estimate the total number of visits that [YOU PERSONALLY/ you and your (husband/wife)/ you and (your child/any of your children) who (has been/was/have been/were) covered by your 1995 health plan, [1995 Health Plan],/ you, your (husband/wife), and (your child/any of your children) who (has been/was/have been/were) covered by your 1995 health plan, [1995 Health Plan],] have made to the doctor's office or clinic, urgent care, or the emergency room in the last 12 months.

(IWER: IF R ASKS OR SAYS "DON'T KNOW", PROBE: "Just give your BEST ESTIMATE of the total number of visits to doctor's offices or clinics, urgent care, and emergency care.")

(IWER: CLARIFY IF NEEDED: "I'm asking for the APPROXIMATE total number of visits.")

(IWER: CLARIFY IF NEEDED: "Just during the LAST 12 MONTHS.")

(IWER: CLARIFY IF NEEDED: "This question refers to your 1995 health plan, [1995 Health Plan].")

(IWER: USE RIGHT SHIFT KEY TO SEE LIST OF TYPES OF VISITS INCLUDED IN THIS QUESTION) (DO NOT READ THESE LISTS TO R)

VISITS NOT INCLUDED: Overnight Hospital Stays  
Dental Visits

VISITS INCLUDED:	Urgent Care Centers	Doctors
	Emergency Rooms	[Nurse Midwives]
	Mental Health	Nurse Practitioners
	Alcohol Treatment	Physician Assistants
	Drug Treatment	Physical Therapists
	Chiropractic Visits	
	Ophthalmologist (Eye Doctor)	

(READ LIST IF NEEDED)

1. NO VISITS/(NONE),
  2. 1 VISIT,
  3. 2 to 5 (VISITS),
  4. 6 to 9 (VISITS),
  5. 10 TO 14 (VISITS), OR
  6. 15 VISITS OR MORE?
- DK (DO NOT READ)

[Q37 TEXT FILL BASED ON "REFERENT"]

37. Have [YOU PERSONALLY/ you or your (husband/wife)/ you, or (your child/any of your children) who (has been/was/have been/were) covered by your 1995 health plan, [1995 Health Plan]/ you, your (husband/wife), or (your child/any of your children) who (has been/was/have been/were) covered by your 1995 health plan, [1995 Health Plan].] had same-day surgery or been hospitalized overnight anytime during the last 12 months [for reasons OTHER than pregnancy or childbirth]?

(IWER: CLARIFY IF NEEDED: "Same-day or outpatient surgery means having an operation that didn't involve staying overnight at the hospital.")

(IWER: CLARIFY IF NEEDED: "This DOES NOT include dental surgery.")

(IWER: CLARIFY IF NEEDED: "This question refers to your 1995 health plan, [1995 Health Plan].")

1. YES
  2. NO
- DK

[Q39 SKIP PATTERN BASED ON "REFERENT"]

IF MALE RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO Q39

IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE, GO TO Q39

IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE WHO USES 1996 HEALTH PLAN AS PRIMARY INSURANCE, GO TO Q39

[Q38 TEXT FILL BASED ON "REFERENT"]

38. [Has your wife/Have you] been hospitalized overnight for pregnancy or childbirth during the last 12 months?

(IWER: IF R SAYS "DOESN'T APPLY", ENTER: "2. NO")

1. YES
2. NO/DOESN'T APPLY
- DK

[Q39 TEXT FILL BASED ON "REFERENT"]

39. Compared to 1995, how much health care do [you expect/you expect you and your family] to use in 1996? Would you say ...

(READ LIST)

1. MUCH MORE,
2. SOMEWHAT MORE,
3. ABOUT THE SAME,
4. SOMEWHAT LESS, OR
5. MUCH LESS?
- DK (DO NOT READ)

SECTION 7: Knowledge About the Available Health Plans for 1996

INTRO.Q40

Next, I have a few questions about health plan benefits and coverage.

40. Some health plans offer programs for their members that help them to deal with stress, improve their nutrition, stop smoking, and so on. Does your 1996 health plan, [1996 Health Plan], offer any programs of this type?

1. YES
2. NO
- DK (DO NOT PROBE)

[Q41 TEXT FILL FOR MEDICA PREMIER, STATE HEALTH PLAN, & STATE HEALTH PLAN SELECT]

41. Urgent care is treatment you get for non-emergency situations when the usual doctor's office or clinic is closed. If you receive urgent care at an urgent care center [and this visit is authorized by your primary care doctor,] will [1996 Health Plan] pay ALL OF THE COST, SOME OF THE COST, or NONE OF THE COST?

(IWER: CLARIFY IF NEEDED: "This question refers to your 1996 health plan, [1996 Health Plan].")

1. ALL OF THE COST
2. SOME OF THE COST
3. NONE OF THE COST
4. IT DEPENDS (VOLUNTEERED)



DK (DO NOT PROBE)

42. What about the coverage for a general hospital admission, NOT including mental health or chemical dependency admissions? Will [1996 Health Plan] pay ALL, SOME, or NONE OF THE COST?

(IWER: CLARIFY IF NEEDED: "This question refers to your 1996 health plan, [1996 Health Plan].")

1. ALL OF THE COST
  2. SOME OF THE COST
  3. NONE OF THE COST
  4. IT DEPENDS (VOLUNTEERED)
- DK (DO NOT PROBE)

43. Suppose you want to see a specialist such as an allergist or dermatologist, and this specialist is part of [1996 Health Plan]. Do you need to get a referral or permission from your [1996 Health Plan] primary care doctor in order to see this [1996 Health Plan] specialist and have it paid for by [1996 Health Plan]?

(IWER: CLARIFY IF NEEDED: "This question refers to your 1996 health plan, [1996 Health Plan].")

1. YES
  2. NO
- DK (DO NOT PROBE)

\*\*\*

44. Thinking about the 6 health plans offered for 1996, do these plans have DIFFERENT COVERAGE for prescription drugs, or is prescription coverage THE SAME FOR ALL 6 PLANS?

(IWER: CLARIFY IF NEEDED: "The 6 health plans offered for 1996 by the [State/University] to employees in the Twin Cities Metro Area.")

(IWER: CLARIFY IF NEEDED: "Coverage includes the amount of the co-payment and how much of the drug you can get at one time.")

1. DIFFERENT COVERAGE
  2. SAME COVERAGE FOR ALL 6 PLANS
- DK (DO NOT PROBE)

#### SECTION 8: Health Plan Selection Process for 1996

##### INTRO.Q45

The next questions are about your health plan for 1996 and how you selected it.

45. For some people, selecting a health plan during this last open enrollment was quite an important decision, and for others, it was not. How about you? Would you say the decision to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the placement plan for Med Centers] was EXTREMELY IMPORTANT, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL IMPORTANT?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. EXTREMELY IMPORTANT
2. VERY IMPORTANT
3. SOMEWHAT IMPORTANT

4. NOT VERY IMPORTANT
5. NOT AT ALL IMPORTANT
- DK

IF RESPONDENT SWITCHED PLANS, GO TO Q47

46. During this past open enrollment, how much did you CONSIDER switching to another plan? Would you say that you thought about switching plans A LOT, A FAIR AMOUNT, A LITTLE, or NOT AT ALL?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. A LOT
2. A FAIR AMOUNT
3. A LITTLE
4. NOT AT ALL
- DK

\*\*\*

47. Thinking about the 6 health plans offered, how hard or easy was it for you to make a decision on a health plan? Was it VERY HARD, HARD, NEITHER HARD NOR EASY, EASY, or VERY EASY?

(IWER: CLARIFY IF NEEDED: "The 6 health plans offered for 1996 by the [State/University] to employees in the Twin Cities Metro Area.")

(IWER: IF R SAYS "IT DEPENDS", PROBE: "Taking everything into account, what would you say?")

1. VERY HARD
2. HARD
3. NEITHER HARD NOR EASY
4. EASY
5. VERY EASY
6. IT DEPENDS (PROBE BEFORE TAKING) (VOLUNTEERED)
- DK

48. [There were some changes in health plans offered by the [State/University] for 1996. One change is that Med Centers is being replaced with Health Partners. Overall, how much difference do you think there is between Med Centers and Health Partners?/As you know, Med Centers is being replaced with Health Partners for 1996. Overall how much difference do you think there is between Med Centers and Health Partners?] Would you say that these two health plans are VERY DIFFERENT, SOMEWHAT, SLIGHTLY, or NOT AT ALL DIFFERENT?

1. VERY DIFFERENT
2. SOMEWHAT DIFFERENT
3. SLIGHTLY DIFFERENT
4. NOT AT ALL DIFFERENT
5. NO BASIS TO SAY/NOT ENOUGH INFORMATION TO JUDGE (VOLUNTEERED)
- DK (DO NOT PROBE)

[THERE IS NO QUESTION 49]

[INTRO.Q51 SKIP PATTERN BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO INTRO.Q51

IF RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE, GO TO INTRO.Q51

Q50: OPTION 4 AVAILABLE ONLY IF RESPONDENT STAYED WITH THE SAME HEALTH PLAN

50. Who made the decision to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996? Would you say it was ...

[(IWER: IF R SAYS 'IT WAS AN AUTOMATIC ROLLOVER', PROBE: 'Who made the decision to stay with Health Partners?')]

(IWER: IF NECESSARY, CLARIFY: "A 'joint decision' would be one where both people decided equally, about a 50-50 decision.")

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

(READ LIST)

1. A JOINT DECISION,
  2. MOSTLY YOUR OWN DECISION, OR
  3. MOSTLY YOUR [HUSBAND'S/WIFE'S]?
  4. INTENDED TO SWITCH BUT MISSED THE DEADLINE (VOLUNTEERED) (DO NOT READ)
- DK (DO NOT READ)

IF Q50 = INTENDED TO SWITCH BUT MISSED THE DEADLINE, GO TO INTRO.Q64

SECTION 9: Factors Important to the Open Enrollment Decision

INTRO.Q51

Now some questions about what influenced the decision made about your 1996 health plan. For each of the possible reasons I mention, please tell me whether or not it was a reason for [staying with [1995 Health Plan]/switching to [1996 Health Plan]/staying with Health Partners, the replacement plan for Med Centers].

ROTATE Q51,Q52,Q53,Q54,Q55,CK.Q57,Q58

Q55 ALWAYS PRECEDES Q56

[Q57 SKIP PATTERN BASED ON "REFERENT"]

Q57 NOT ASKED IF MALE RESPONDENT HAS INDIVIDUAL COVERAGE

Q57 NOT ASKED IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE

Q57 NOT ASKED IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE WHO USES 1996 HEALTH PLAN AS PRIMARY INSURANCE

[Q58 TEXT FILL BASED ON "REFERENT"]

(51-58). [First, how about/(How about)]

51. "Cost?"
52. "Quality?"
53. "Coverage?"
54. "Convenience?"
55. "Doctors?"
56. "Being able to go to the doctors [you/you and your family] currently see or prefer to see?"
57. "Maternity care?"
58. "Special needs [that you have/of one or more family members]?"

(Was this a reason for [staying with [1995 Health Plan]/ switching to [1996 Health Plan]/staying with Health Partners, the replacement plan for Med Centers])

(IWER: IF R SAYS "YES", PROBE: "Would that be a VERY BIG REASON, a BIG REASON, or a SMALL REASON?")

(IWER: IF R SAYS "NO" or "DOESN'T APPLY", ENTER: "4.NO-NOT A REASON")

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES - VERY BIG REASON
  2. YES - BIG REASON
  3. YES - SMALL REASON
  4. NO - NOT A REASON/DOESN'T APPLY
- DK

59. Was there any other factor that influenced the decision to [stay with 1995 Health Plan]/switch to [1996 Health Plan]/stay with Health Partners, the replacement plan for Med Centers]?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES \_\_\_\_\_(SPECIFY)
  2. NO -----> CK.Q60
- DK -----> CK.Q60

- 59a. And was this a VERY BIG REASON, a BIG REASON, or a SMALL REASON for [staying with [1995 Health Plan]/switching to [1996 Health Plan]/staying with Health Partners, the replacement plan for Med Centers]?

(IWER: IF NEEDED, REMIND R OF "OTHER" REASON THEY JUST GAVE: " [Q59.OTH] ")

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. VERY BIG REASON
2. BIG REASON
3. SMALL REASON
- DK

CK.Q60

IF Q51 - Q59 ARE ALL "NOT A REASON/DON'T KNOW", GO TO CK.Q62

IF ONLY ONE OF Q51 - Q59 IS "YES, IS A REASON", GO TO CK.Q62

[Q60 TEXT FILL BASED ON "REFERENT"]

60. For many people, choosing a health plan eventually boils down to a SINGLE ISSUE. Was this true for [you/you and your family] during this past open enrollment?

1. YES
2. NO ----> CK.Q62
- DK -----> CK.Q62

[Q61: OPTION 06 AND OPTION 08 TEXT FILLS BASED ON "REFERENT"]

[Q61: OPTION 07 AVAILABILITY BASED ON "REFERENT"]

OPTION 07 NOT AVAILABLE IF MALE RESPONDENT HAS INDIVIDUAL COVERAGE

OPTION 07 NOT AVAILABLE IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE

OPTION 07 NOT AVAILABLE IF MALE RESPONDENT HAS FAMILY COVERAGE THAT DOESN'T INCLUDE A SPOUSE WHO USES 1996 HEALTH PLAN AS PRIMARY INSURANCE

ROTATE OPTIONS 01 - 08 (PARALLEL WITH Q51 - Q58)

OPTION AVAILABILITY BASED ON Q51 - Q59 = "YES, IS A REASON"

61. What was this issue? Was it ...

(IWER: IF NEEDED, REMIND R OF "OTHER" REASON THEY JUST GAVE: " [Q59.OTH] ")

(IWER: IF R GIVES MORE THAN ONE ANSWER, PROBE: "All things considered, which SINGLE issue was the MOST IMPORTANT ONE?")

(READ LIST)

01. COST,
02. QUALITY,
03. COVERAGE,
04. CONVENIENCE,
05. DOCTORS,
06. BEING ABLE TO GO TO DOCTORS [YOU/YOU AND YOUR FAMILY] CURRENTLY SEE OR PREFER TO SEE,
07. MATERNITY CARE,
08. SPECIAL NEEDS [YOU MAY HAVE/OF ONE OR MORE FAMILY MEMBERS], OR
09. THE OTHER REASON YOU JUST GAVE ME?

10. CAN'T GIVE A SINGLE ANSWER (DO NOT READ)  
DK (DO NOT READ)

CK.Q62

IF RESPONDENT STAYED WITH THE SAME HEALTH PLAN, GO TO INTRO.Q64

[Q62 TEXT FILL BASED ON "COVERAGE"]

62. Now I'd like to know if choosing to [switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers,] for 1996 means changing doctors that [you/you or any family members] are currently seeing?

(IWER: CLARIFY IF NEEDED: "Will [you/you or any family members] HAVE TO CHANGE doctors because your current doctor won't be included in or covered by your 1996 health plan?")

(IWER: CLARIFY IF NEEDED: "Will [you/you or any family members] BE REQUIRED TO CHANGE doctors because your current doctor won't be included in or covered by your 1996 health plan?")

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES
  2. NO
  3. DON'T HAVE A DOCTOR (VOLUNTEERED)
  4. DOCTOR LEFT THE PLAN (VOLUNTEERED)
  5. DOCTOR RETIRED (VOLUNTEERED)
- DK

[Q63 TEXT FILL BASED ON "COVERAGE"]

63. Does your health plan choice for 1996 mean that [you/you or any family members] will NOW be able to change to NEW doctors you would RATHER see because these doctors are NOW included in or covered by your 1996 health plan?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES
  2. NO
  3. DON'T HAVE A DOCTOR (VOLUNTEERED)
  4. WILL BE CHANGING TO PREFERRED DOCTORS, BUT NOT BECAUSE OF THE 1996 PLAN CHOICE (VOLUNTEERED)
- DK

INTRO.Q64

During this past open enrollment, please tell me whether or not you did each of the following when choosing your 1996 health plan, [1996 Health Plan].

DDIR/DEBCAP CLARIFIER AVAILABLE FOR Q70 ONLY

(64-71). [Did you/(Did you/How about)]

64. "Talk with any family members?"
65. "Talk with any friends or coworkers?"
66. "Call any of the health plans to get more information?"
67. "Read any certificates of coverage?"
68. "Read any materials or newspaper advertising from any of the health plans?"
69. "Go to a health benefits meeting, a tele-conference, or an employee health benefits fair?"
70. "Talk with anyone in employee benefits at the [State/University], including the benefits representative in your department?"
71. "Rely on personal experience?"

(When choosing [1996 Health Plan] for 1996?)

[(IWER: IF R SAYS 'I SPOKE WITH THE [D.D.I.R. (DESIGNATED DEPARTMENT INSURANCE REPRESENTATIVE)/DEBCP (DEP-CAP) (DESIGNATED EMPLOYEE BENEFIT CONTACT PERSON)]', ENTER: '1. YES')]

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. YES
2. NO
- DK

[THERE IS NO QUESTION 72 OR 73]

SECTION 10: Information Seeking

INTRO.Q74

Next, I have a few questions about information you may have used during the past open enrollment.

74. Each fall the [State/University] sends an OPEN ENROLLMENT PACKET to its employees. Do you recall seeing this packet?

1. YES
2. NO -----> Q86
3. SAW IT BUT NEVER OPENED IT (VOLUNTEERED) --> Q86
- DK (DO NOT PROBE) -----> Q86

75. How much of your open enrollment packet did you read? Would you say you READ MOST OR ALL OF IT, READ PARTS OF IT, JUST GLANCED THROUGH IT, or did you NEVER REALLY LOOK AT IT?

1. READ MOST OR ALL OF IT
2. READ PARTS OF IT
3. JUST GLANCED THROUGH IT

4. NEVER REALLY LOOKED AT IT/NEVER OPENED IT --> Q86  
DK (DO NOT PROBE) -----> Q86

76. Overall, how hard or easy do you think it was to understand the materials in the open enrollment packet? Was it VERY HARD, HARD, NEITHER HARD NOR EASY, EASY or VERY EASY?

(IWER: IF R SAYS "IT DEPENDS", PROBE: "Taking everything into account, what would you say?")

1. VERY HARD
  2. HARD
  3. NEITHER HARD NOR EASY
  4. EASY
  5. VERY EASY
  6. IT DEPENDS (PROBE BEFORE TAKING) (VOLUNTEERED)
- DK

77. When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this open enrollment packet EXTREMELY HELPFUL, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL HELPFUL?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. EXTREMELY HELPFUL
  2. VERY HELPFUL
  3. SOMEWHAT HELPFUL
  4. NOT VERY HELPFUL
  5. NOT AT ALL HELPFUL
- DK

[THERE IS NO QUESTION 78]

IF RESPONDENT IS A UNIVERSITY EMPLOYEE, GO TO Q86

79. A report called "Health Plans and Medical Care: What Employees Think" was included in your open enrollment packet. It gave the results of a survey of State Employees who rated their health plans and medical care. This report had color-coded charts and graphs that compared health plans, and showed how survey results changed from 1993 to 1995. It was a fold-out with a loon on the front page. Do you remember seeing this report?

1. YES
  2. NO -----> Q86
- DK/NOT SURE (DO NOT PROBE) --> Q86

80. How much of this report did you read?

(Would you say that you READ MOST OR ALL OF IT, READ PARTS OF IT, JUST GLANCED THROUGH IT, or did you NEVER REALLY LOOK AT IT?)



1. READ MOST OR ALL OF IT
  2. READ PARTS OF IT
  3. JUST GLANCED THROUGH IT
  4. NEVER REALLY LOOKED AT IT --> Q86
- DK -----> Q86

81. Did you look at the chart with the color-coded STARS that compared employees' ratings of the health plans in 1995?

(IWER: CLARIFY IF NEEDED: "This is the chart with three GREEN stars for better than average, two WHITE stars for average, and one PURPLE star for below average.")

1. YES
  2. NO
- DK/NOT SURE/DON'T REMEMBER (DO NOT PROBE)

82. Did you look at the section that told about changes from 1993 to 1995, showing which health plans improved or went down in the ratings?

1. YES
  2. NO
- DK/NOT SURE/DON'T REMEMBER (DO NOT PROBE)

83. Did you look at any of the bar graphs on the inside of the report that showed more detailed survey results for particular topics?

1. YES
  2. NO
- DK/NOT SURE/DON'T REMEMBER (DO NOT PROBE)

84. When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this report EXTREMELY HELPFUL, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL HELPFUL to you?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. EXTREMELY HELPFUL
  2. VERY HELPFUL
  3. SOMEWHAT HELPFUL
  4. NOT VERY HELPFUL
  5. NOT AT ALL HELPFUL
- DK

\*\*\*

85. When it came to judging the QUALITY of the health plans that were offered to state employees, was this report EXTREMELY HELPFUL, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL HELPFUL?

1. EXTREMELY HELPFUL
2. VERY HELPFUL

3. SOMEWHAT HELPFUL
4. NOT VERY HELPFUL
5. NOT AT ALL HELPFUL
- DK

86. In early October, a [different] report called "You and Your Health Plan" was included as a special insert in many newspapers throughout Minnesota. It gave the results of a state-wide survey of Minnesotans (MIN-ah-SOAT-enz) who rated their health plans and medical care. It was about health plan members in [general./general, not about state employees.] Do you remember seeing this report?

(IWER: CLARIFY IF NEEDED: "This 16-page report, the same size as a newspaper, had charts that compared health plans, and color-coded graphs.")

1. YES
2. NO -----> Q90
- DK/NOT SURE (DO NOT PROBE) --> Q90

87. How much of this report did you read?

(Would you say that you READ MOST OR ALL OF IT, READ PARTS OF IT, JUST GLANCED THROUGH IT, or did you NEVER REALLY LOOK AT IT?)

1. READ MOST OR ALL OF IT
2. READ PARTS OF IT
3. JUST GLANCED THROUGH IT
4. NEVER REALLY LOOKED AT IT --> Q90
- DK -----> Q90

88. When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this report EXTREMELY HELPFUL, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL HELPFUL to you?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. EXTREMELY HELPFUL
2. VERY HELPFUL
3. SOMEWHAT HELPFUL
4. NOT VERY HELPFUL
5. NOT AT ALL HELPFUL
- DK

\*\*\*

89. When it came to judging the QUALITY of the health plans that were offered to [State/University] employees, was this report EXTREMELY HELPFUL, VERY, SOMEWHAT, NOT VERY, or NOT AT ALL HELPFUL?

1. EXTREMELY HELPFUL
2. VERY HELPFUL
3. SOMEWHAT HELPFUL
4. NOT VERY HELPFUL
5. NOT AT ALL HELPFUL
- DK

\*\*\*

90. Given the information that was available to you about the health plans offered, how confident are you that you made the right choice by [staying with [1995 Health Plan]/switching to [1996 Health Plan]/staying with Health Partners, the replacement plan for Med Centers]? Are you VERY CONFIDENT, SOMEWHAT, A LITTLE, or NOT VERY CONFIDENT?

(IWER: R's 1995 health plan is [1995 Health Plan].)

(IWER: R's 1996 health plan is [1996 Health Plan].)

1. VERY CONFIDENT
2. SOMEWHAT CONFIDENT
3. A LITTLE CONFIDENT
4. NOT VERY CONFIDENT
- DK

#### SECTION 11: Health Status

- 91A. In general, would you say that your own health is EXCELLENT, VERY GOOD, GOOD, FAIR, or POOR?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
9. REFUSED
- DK

[INTRO.Q92A.1/Q91B/Q91C SKIP PATTERNS BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO INTRO.Q92A.1

IF RESPONDENT HAS FAMILY COVERAGE AND SPOUSE IS COVERED, ASK Q91B

IF RESPONDENT HAS FAMILY COVERAGE AND CHILDREN ARE COVERED, ASK Q91C

- 91B. How about your [husband/wife]?

(In general, would you say [his/her] health is EXCELLENT, VERY GOOD, GOOD, FAIR, or POOR?)

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
9. REFUSED
- DK

- 91C. How about [your child/any of your children] who [is/are] covered on YOUR 1996 [1996 Health Plan] policy?

(In general, would you say that [your child's/their] health is EXCELLENT, VERY GOOD, GOOD, FAIR, or POOR?)

(IWER: IF R SAYS "IT DEPENDS ON WHICH CHILD", PROBE: "Please give your rating for the child who is the LEAST healthy.")

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
9. REFUSED
- DK

INTRO.Q92A.1

Now I'm going to read you a list of medical conditions. For each one, please tell me whether or not you require either REGULAR CARE or PRESCRIPTION MEDICATION for that condition.

Q92A.(1-5). [First, do you require either REGULAR CARE or PRESCRIPTION MEDICATION for/(How about)]

1. "Asthma?"
2. "Diabetes (DYE-uh-BEET-eze)?"
3. "Heart trouble or a heart condition?"
4. "Joint problems, such as arthritis, gout, and rheumatism (ROO-ma-tism)?"
5. "Depression?"

(IWER: PROBE IF NEEDED: 'Do you require either REGULAR CARE or PRESCRIPTION MEDICATION for [condition]?')

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

1. YES
2. NO
9. REFUSED
- DK

92A.6 Do you have ANY OTHER medical conditions that require either REGULAR CARE or PRESCRIPTION MEDICATIONS?

(IWER: IF R MENTIONS A MEDICAL CONDITION NOT LISTED BELOW, ENTER "1. YES" AND WRITE AN EDIT FOR THAT CONDITION.)

(IWER: IF R ASKS ABOUT A MEDICAL CONDITION NOT ON THE LIST BELOW, CLARIFY:  
"Whatever it means to you. Is it a medical condition that requires either REGULAR CARE or  
PRESCRIPTION MEDICATION?")

(IWER: CLARIFY IF NEEDED: "Don't include asthma, diabetes (DYE-uh-BEET-eze), heart trouble,  
heart conditions, arthritis, gout, or rheumatism (ROO-ma-tism), joint problems, or depression.)

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or  
ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been  
ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

(IWER: CLARIFY IF NEEDED: "This does not include allergies to medication.")

CONDITIONS INCLUDE BUT ARE NOT LIMITED TO:

Allergies	High Blood Pressure
Angina	High Cholesterol
Back Problems	High Triglycerides
Bladder Problems	Gall Bladder Trouble
Cancer	Kidney Problems
Chronic Headaches	Mental Health Problems
Chronic Lung Disease	Migraine Headaches
Colitis	Prostate Problems
Digestive Problems	Ulcers

1. YES
  2. NO
  9. REFUSED
- DK

[INTRO.Q93/Q92B SERIES/Q92C SERIES SKIP PATTERN BASED ON "COVERAGE"]

IF RESPONDENT HAS INDIVIDUAL COVERAGE, GO TO CK.INTRO.Q93

IF RESPONDENT HAS FAMILY COVERAGE AND SPOUSE IS COVERED, ASK Q92B.(1-6)

IF RESPONDENT HAS FAMILY COVERAGE AND CHILDREN ARE COVERED, ASK Q92C.(1-4)

INTRO.Q92B.1

Now I'm going to read you the same list of medical conditions. This time, for each one, please tell me  
whether or not your [husband/wife] requires either REGULAR CARE or PRESCRIPTION MEDICATION  
for that condition.

Q92B.(1-5). [First, does your [husband/wife] require either REGULAR CARE or PRESCRIPTION  
MEDICATION for/(How about)]

1. "Asthma?"
2. "Diabetes (DYE-uh-BEET-eze)?"
3. "Heart trouble or a heart condition?"
4. "Joint problems, such as arthritis, gout, and rheumatism (ROO-ma-tism)?"

5. "Depression?"

(IWER: PROBE IF NEEDED: "Does your [husband/wife] require either REGULAR CARE or PRESCRIPTION MEDICATION for [condition]?")

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

- 1. YES
- 2. NO
- 9. REFUSED
- DK

92B.6 Does [he/she] have ANY OTHER medical conditions that require either REGULAR CARE or PRESCRIPTION MEDICATIONS?

(IWER: IF R MENTIONS A MEDICAL CONDITION NOT LISTED BELOW, ENTER "1. YES" AND WRITE AN EDIT FOR THAT CONDITION.)

(IWER: IF R ASKS ABOUT A MEDICAL CONDITION NOT ON THE LIST BELOW, CLARIFY: "Whatever it means to you. Is it a medical condition that requires either REGULAR CARE or PRESCRIPTION MEDICATION?")

(IWER: CLARIFY IF NEEDED: "Don't include asthma, diabetes (DYE-uh-BEET-eze), heart trouble, heart conditions, arthritis, gout, or rheumatism (ROO-ma-tism), joint problems, or depression.")

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

(IWER: CLARIFY IF NEEDED: "This does not include allergies to medication.")

CONDITIONS INCLUDE BUT ARE NOT LIMITED TO:

Allergies	High Blood Pressure
Angina	High Cholesterol
Back Problems	High Triglycerides
Bladder Problems	Gall Bladder Trouble
Cancer	Kidney Problems
Chronic Headaches	Mental Health Problems
Chronic Lung Disease	Migraine Headaches
Colitis	Prostate Problems
Digestive Problems	Ulcers

- 1. YES
- 2. NO
- 9. REFUSED
- DK

INTRO.Q92C.1

Now I'm going to read you a somewhat different list of medical conditions. This time, for each one, please tell me whether or not [your child/any of your children] who [is/are] covered on your 1996 [1996 Health Plan] policy, [requires/require] either REGULAR CARE or PRESCRIPTION MEDICATION for that condition.

Q92C.(1-3). [First, [does your child/do any of your children] require either REGULAR CARE or PRESCRIPTION MEDICATION for/(How about)]

1. "Asthma or wheezing?"
2. "Diabetes (DYE-uh-BEET-eze)?"
3. "Any behavioral or emotional problems?"

(IWER: PROBE IF NEEDED: "[Does/Do] [your child/any of your children] require either REGULAR CARE or PRESCRIPTION MEDICATION for [condition]?")

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

1. YES
  2. NO
  9. REFUSED
- DK

92C.4 [Does your child/Do any of your children] have ANY OTHER medical conditions that require either REGULAR CARE or PRESCRIPTION MEDICATIONS?

(IWER: IF R MENTIONS A MEDICAL CONDITION NOT LISTED BELOW, ENTER "1. YES" AND WRITE AN EDIT FOR THAT CONDITION.)

(IWER: IF R ASKS ABOUT A MEDICAL CONDITION NOT ON THE LIST BELOW, CLARIFY: "Whatever it means to you. Is it a medical condition that requires either REGULAR CARE or PRESCRIPTION MEDICATION?")

(IWER: CLARIFY IF NEEDED: "Don't include asthma or wheezing, diabetes (DYE-uh-BEET-eze), or any behavioral or emotional problems.")

(IWER: CLARIFY IF NEEDED: "REGULAR CARE means ongoing visits to the doctor's office or ongoing treatments, such as physical therapy.")

(IWER: CLARIFY IF NEEDED: "PRESCRIPTION MEDICATIONS are medicines that have been ordered by your doctor, not medicines that you can buy over-the-counter without a written order.")

(IWER: CLARIFY IF NEEDED: "This does not include allergies to medication.")

CONDITIONS INCLUDE BUT ARE NOT LIMITED TO:

Allergies	High Blood Pressure
Angina	High Cholesterol
Back Problems	High Triglycerides
Bladder Problems	Gall Bladder Trouble
Cancer	Kidney Problems
Chronic Headaches	Mental Health Problems
Chronic Lung Disease	Migraine Headaches
Colitis	Prostate Problems
Digestive Problems	Ulcers

1. YES
2. NO
9. REFUSED
- DK

CK.INTRO.Q93

IF INTERVIEW IS A RE-CONTACT/2ND ROUND, GO TO INTRO.Q97

SECTION 12: Demographics

INTRO.Q93A

These final questions are for statistical purposes only.

93A. What is your date of birth?

(ENTER MONTH:)

01. JANUARY
02. FEBRUARY
03. MARCH
04. APRIL
05. MAY
06. JUNE
07. JULY
08. AUGUST
09. SEPTEMBER
10. OCTOBER
11. NOVEMBER
12. DECEMBER
99. REFUSED ----> Q94
- DK -----> Q94

93B. (ENTER DAY:)

DAY \_\_\_\_  
99. REFUSED  
DK

93C. (ENTER YEAR:)

YEAR 19 \_\_\_\_  
99. REFUSED  
DK



94. What is the highest grade you completed in school?

(READ LIST IF NEEDED)

1. 8TH GRADE OR LESS,
2. SOME HIGH SCHOOL,
3. HIGH SCHOOL GRADUATE OR GED,
4. SOME COLLEGE OR VOCATIONAL OR TECH SCHOOL,
5. COLLEGE GRADUATE, OR
6. POST-GRADUATE OR PROFESSIONAL DEGREE?
9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

95. Do [you/you or your (husband/wife)] work in a doctor's office or clinic, a hospital, or any other place that provides medical care?

(IWER: CLARIFY IF NEEDED: "Whether or not your [husband/wife] is covered by [1996 Health Plan] for 1996.")

1. YES
2. NO
9. REFUSED
- DK

96. Approximately what was your total household income last year before taxes? Just stop me when I read the category that best describes you.

(IWER: CLARIFY IF NEEDED: "Yes, we are speaking about combined income.")

(READ LIST)

1. LESS THAN \$10,000 DOLLARS (\$9,999),
2. 10 TO JUST UNDER \$20,000 (\$19,999),
3. 20 TO JUST UNDER \$40,000 (\$39,999),
4. 40 TO JUST UNDER \$60,000 (\$59,999),
5. 60 TO JUST UNDER \$80,000 (\$79,999), OR
6. \$80,000 DOLLARS OR MORE?
9. REFUSED (DO NOT READ)
- DK (DO NOT READ)

GO TO Q106

#### SECTION 13: General Approach to Decision Making About Services

##### INTRO.Q97

As we come to the end of the survey, I'd like to switch gears for a minute and ask you about the types of information some people use when choosing services such as auto repair and child care. For each one, please tell me whether you WOULD or WOULD NOT USE that type of information when making a decision about purchasing a service.

(97-105). [First,/(How about)]

97. "Information about which services your friends use."
98. "The opinion of an immediate family member or other relative."
99. "The opinion of a friend or someone you know."
100. "Objective ratings such as those provided in Consumer Reports."
101. "Past personal experience."
102. "Newspaper ads, or radio or television commercials."
103. "An article or newspaper report written by a knowledgeable third party."
104. "Printed brochures, pamphlets, or other information provided by the service."
105. "Information about what users of the service have said."

(When choosing a service, would you say you DEFINITELY WOULD, PROBABLY WOULD, PROBABLY WOULD NOT or DEFINITELY WOULD NOT USE this type of information?)

(IWER: CLARIFY IF NEEDED: "Please tell me whether you WOULD or WOULD NOT USE this.")

(IWER: IF R SAYS "YES" OR "I WOULD USE IT", PROBE: "Would you say you DEFINITELY WOULD or PROBABLY WOULD USE this?")

(IWER: IF R SAYS "NO" OR "I WOULDN'T USE IT", PROBE: "Would you say you DEFINITELY WOULD NOT or PROBABLY WOULD NOT USE this?")

(IWER: IF R SAYS "PROBABLY", PROBE: "You PROBABLY WOULD or PROBABLY WOULD NOT USE this?")

(IWER: IF R SAYS "DEFINITELY", PROBE: "You DEFINITELY WOULD or DEFINITELY WOULD NOT USE this?")

1. DEFINITELY WOULD
2. PROBABLY WOULD
3. MAYBE (VOLUNTEERED)
4. PROBABLY WOULD NOT
5. DEFINITELY WOULD NOT
6. DON'T UNDERSTAND THE QUESTION (VOLUNTEERED)
- DK

106. (IWER RECORD SEX OF RESPONDENT)

("DK" NOT ALLOWED)

1. MALE
2. FEMALE

THANK YOU

Those are all the questions I have. I know this was a long survey, and I thank you very much for your time.

Have a nice day/evening.  
PNRCpost



**APPENDIX E**  
**ITEM TRACKER**



# REPORT CARD SURVEY TELEPHONE INTERVIEW

## ITEM TRACKER

(No question numbers 23, 49, 72, 73, 78 for Postenrollment and Postenrollment Only Groups)

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
Have you opened the Open Enrollment Packet from the [State/University] or the Plan Information Materials from [Health Plan]?	TPKTOPEN (S1A) (If yes, R is ineligible)	(See item 74)	(See item 74)	no
<b>Screening</b>				
How long have you been employed by the [State/University]?	TEMPYRS (S1)	(not asked)	TEMPYRS (S1A)	yes
Are you still employed with the [State/University]?	(not asked)	TEMPNOW (S1B)	(not asked)	no
Now let's talk about 1996. What is the health plan you selected for 1996? Is it Group Health, Health Partners, Medica Primary, Original State Health Plan, State Health Plan Select, or Medica Premier?	(not asked)	TPLAN96 (S1)	TPLAN96 (S1)	no
According to our records, you are currently enrolled in [Health Plan]. Is that correct?	TPLANENR (S2)	(See S1C)	(See S1C)	no
According to our records, in 1995 you [have had/had] [individual/family] coverage. [Will/do] you still have [individual/family] coverage in 1996?	(not asked)	TCOV95 (S2)	TCOV95 (S2)	no
[According to our records,/When we last spoke with you we recorded] [you/that you] [are/were] enrolled in [1995 Health Plan] for 1995. Is that correct?	(not asked)	TPLAN95 (S1C)	TPLAN95 (S1C)	no
About how long have you been enrolled in [Health Plan]?	TPLANYRS (S3)	(not asked)	TPLANYRS (S1D)	yes
According to our records, you currently have [individual/family] coverage through [Health Plan]. Is that correct?	TCOVCURR (S3A)	(See S2)	(See S2)	no

E.1

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
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Are you married?	TMARRY1 (S4)	TMARRY2 (S3)	TMARRY2 (S3)	no
Is your [husband/wife] employed by the University of Minnesota?	TSPEMPLU (S5)	(not asked)	(not asked)	no
Is your [husband/wife] employed by the State of Minnesota?	TSPEMPLS (S6)	(not asked)	(not asked)	no
Is your [husband/wife] also enrolled in [Health Plan]?	TSPENR (S7)	(not asked)	(not asked)	no
Which health plan is your [husband/wife] enrolled in?	TSPPLAN (S8)	(not asked)	(not asked)	no
Is you [husband/wife] also covered by [Health Plan] as a dependent on your policy?	TSPDEP1 (S9)	TSPDEP2 (S4)	TSPDEP2 (S4)	no
How many children do you have, if any, who are less than 25 years old?	TCHILD1 (S9A)	TCHILD2 (S5)	TCHILD2 (S5)	no
Is your child [also] covered as a dependent by [Health Plan] on your policy? / How many of your children, if any, are [also] covered as dependents by [Health Plan] on your policy?	TCHLDEP1 (S10)	TCHLDEP2 (S6)	TCHLDEP2 (S6)	no
Is your child / How many of these children are less than 5 years old?	TTODDLR1 (S11)	TTODDLR2 (S7)	TTODDLR2 (S7)	no
Are [you / you or your (husband/wife) / you, or (your child/any of your children) covered by [Health Plan], / you, your (husband/wife), or (your child/any of your children) covered by [Health Plan],] also insured by another health plan?	TPLNMOR1 (S12)	TPLNMOR2 (S8)	TPLNMOR2 (S8)	no
Is [Health Plan] the one that you personally consider to be your own primary health insurance?	TPLANPR1 (S13A)	TPLANPR2 (S9)	TPLANPR2 (S9)	no
Is [Health Plan] the one that your [husband/wife] considers to be [his/her] primary health insurance?	TSPPLNP1 (S13B)	TSPPLNP2 (S10)	TSPPLNP2 (S10)	no
Is [Health Plan] the one that you consider to be the primary health insurance for [your child/any of your children] covered by [Health Plan]?	TCHLPLN1 (S13C)	TCHLPLN2 (S11)	TCHLPLN2 (S11)	no

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
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<b>Overall Satisfaction</b>				
Which of these do you personally think is the best health plan overall, whether you happen to be enrolled in it or not?	TPLNBEST (1)	(not asked)	(not asked)	no
<b>Importance</b>				
How important is / (How about / How important [is / is it that / are]):				
The quality of the doctors who are available to you through your health plan.	TIMPQMD1 (2)	TIMPQMD2 (1)	TIMPQMD2 (1)	yes
Being able to see a specialist when you think you need to.	TIMPSPE1 (3)	TIMPSPE2 (2)	TIMPSPE2 (2)	yes
The length of time between making an appointment and actually getting in to see the doctor.	TIMPAPP1 (4)	TIMPAPP2 (3)	TIMPAPP2 (3)	yes
The hours that your usual doctor's offices and clinics are open.	TIMPHRS1 (5)	TIMPHRS2 (4)	TIMPHRS2 (4)	yes
The quality of the customer service you get from your health plan, including how well the plan explains things and how well Member Services handles any questions or problems you might have.	TIMPQCS1 (6)	TIMPQCS2 (5)	TIMPQCS2 (5)	yes
Your health plan offer programs for its members that help them deal with stress, improve their nutrition, stop smoking, and so on.	TIMPPGM1 (7)	TIMPPGM2 (6)	TIMPPGM2 (6)	yes
Keeping the amount of the health insurance premium that you personally have to pay as small as possible.	TIMPPAY1 (8)	TIMPPAY2 (7)	TIMPPAY2 (7)	yes
Keeping what you personally have to pay for co-payments and other out-of-pocket costs as small as possible.	TIMPCST1 (9)	TIMPCST2 (8)	TIMPCST2 (8)	yes
The choice of hospitals for maternity care.	(not asked)	TIMPMAT (9)	TIMPMAT (9)	no



ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
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<b>Overall Rating of Quality</b>				
How about / Please rate				
The overall quality of Group Health.	TQLTGH1 (10)	TQLTGH2 (10)	TQLTGH2 (10)	yes
The overall quality of HealthPartners	(not asked)	TQLTHP (11)	TQLTHP (11)	no
The overall quality of Med Centers.	TQLTMC (11)	(not asked) (see 48)	(not asked) (see 48)	probably no
The overall quality of Medica Primary.	TQLTMPR1 (12)	TQLTMPR2 (12)	TQLTMPR2 (12)	yes
The overall quality of State Health Plan.	TQLTSHP1 (13)	TQLTSHP2 (13)	TQLTSHP2 (13)	yes
The overall quality of State Health Plan Select	(not asked)	TQLTSHPS (14)	TQLTSHPS (14)	no
The overall quality of Medica Premier.	TQLTMPM1 (14)	TQLTMPM2 (15)	TQLTMPM2 (15)	yes
<b>Overall Rating of Cost</b>				
How about / Please rate				
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Group Health.	TCSTGH1 (15)	TCSTGH2 (16)	TCSTGH2 (16)	yes
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Med Centers.	TCSTMC (16)	(not asked)	(not asked)	no
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Health Partners.	(not asked)	TCSTHP (17)	TCSTHP (17)	no
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Medica Primary.	TCSTMPR1 (17)	TCSTMPR2 (18)	TCSTMPR2 (18)	yes
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for (original) State Health Plan.	TCSTSHP1 (18)	TCSTSHP2 (19)	TCSTSHP2 (19)	yes

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for State Health Plan Select.	(not asked)	TCSTSHPS (20)	TCSTSHPS (20)	no
The overall cost that the employee has to pay [for premiums, co-payments, and other out-of-pocket costs] for Medica Premier.	TCSTMPM1 (19)	TCSTMPM2 (21)	TCSTMPM2 (21)	yes
<b>Perceived Knowledge</b>				
Overall, how much do you feel you know about the 5 health plans offered by the [State/University] to employees in the Twin Cities Metro Area and how these plans compare with each other?	TPLANKN1 (20)			yes
Overall, how much do you feel you know about these health plans and how these plans compare with each other?		TPLANKN2 (22)	TPLANKN2 (22)	
How hard or easy do you think it is for an employee like yourself to judge the quality of these health plans?	TPLANJUD (21)	(not asked)	(not asked)	yes
When you are trying to pick a health plan, would you rather have as much information as possible, as little information as needed to make the decision, or something in-between?	TPLANINF (22)	(not asked)	(not asked)	yes
<b>Physician Attachment</b>				
If any of the doctors that [you/you and your family] see were to leave your health plan, do you think you would try to change health plans to stay with this doctor, or stay with your current health plan and find another doctor?	TMDLEAVE (23)	(See 62, 63)	(See 62, 63)	yes
<b>Satisfaction</b>				
How satisfied or dissatisfied are you with:				
The quality of the doctors who are available to [you/you and your family] through [Health Plan]?	TSATQMD1 (24)	TSATQMD2 (24)	(not asked)	yes
Being able to get a referral to a specialist, or [have you not/has no one] needed to see a specialist in the last 12 months?	TSATSPE1 (25)	TSATSPE2 (25)	(not asked)	yes
The length of time between making an appointment and actually getting in to see the doctor, or [have you not/has no one] made an appointment in the last 12 months?	TSATAPP1 (26)	TSATAPP2 (26)	(not asked)	yes
The hours that [your/your and your family's] usual doctor's offices and clinics are open?	TSATHRS1 (27)	TSATHRS2 (27)	(not asked)	yes

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
The quality of the customer service you have received from [Health Plan], including how well the plan explains things and how well Member Services has handled any questions or problems you have had?	TSATQCS1 (28)	TSATQCS2 (28)	(not asked)	yes
The amount of health insurance premium that you personally have to pay for [Health Plan] through payroll deduction?	TSATPAY1 (29)	TSATPAY2 (29)	(not asked)	yes
What [you/you and your family] have to pay for co-payments and other out-of-pocket costs as [a member/members] of [Health Plan]?	TSATCST1 (30)	TSATCST2 (30)	(not asked)	yes
Are you very satisfied, satisfied, dissatisfied or very dissatisfied about having [Health Plan] as your health plan?  All things considered, how have you felt about have [1995 Health Plan] as your health plan for 1995? Have you been very satisfied, satisfied, dissatisfied or very dissatisfied?	TSATPLN1 (31)	TSATPLN2 (31)	TSATPLN2 (31)	yes
<b>Proclivity to Change Plans</b>				
Are you thinking about possible switching to a different health plan this fall during open enrollment?	TSWITCH (32)	(not asked)	(not asked)	yes
What is the main reason you might consider switching?	TSWREASN (33)	(not asked)	(not asked)	yes
During this past open enrollment, how much did you consider switching to another plan?	(not asked)	TSWCONS (46)	TSWCONS (46)	yes
<b>Attention to Own Health</b>				
How often do you generally think about your own health?	TTHINK (34)	(not asked)	TTHINK (32)	no
How often do you talk with your family and friends about your health or the health of your family?	TTALK (35)	(not asked)	TTALK (33)	no
How many books about health, healthy living, or taking care of yourself do you own?	TBOOKS (36)	(not asked)	TBOOKS (34)	no
Do you believe that health plan can help you change your life style?	TCHGLIFE (37)	(not asked)	TCHGLIFE (35)	no

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
<b>Utilization</b>				no
Please estimate the total number of visits that [you personally / you and your (husband/wife) / you, and (your child/any of your children) who (is/are) covered by [Health Plan], / you, your (husband/wife), and (your child/any of your children) who (is/are) covered by [Health Plan],] have made to the doctor's office or clinic, urgent care, or the emergency room in the last 12 months.	TVISITS (38)	(not asked)	TVISITS (36)	no
Have [you personally / you or your (husband/wife) / you, or (your child/any of your children) who (is/are) are covered by [Health Plan], / you, your (husband/wife), or (your child/any of your children) who (is/are) covered by [Health Plan],] had same-day surgery or been hospitalized overnight anytime during the last 12 months [for reasons other than pregnancy or childbirth)?	THOSP (39)	(not asked)	THOSP (37)	no
[Has your wife / Have you] been hospitalized overnight for pregnancy or childbirth during the last 12 months?	TPREG (40)	(not asked)	TPREG (38)	no
Compared to 1995, how much health care do [you/and your family] expect to use in 1996?	(not asked)	TEXPUSE (39)	TEXPUSE (39)	no
<b>Knowledge</b>				
Does [Health Plan] offer any programs for its members that help them to deal with stress, improve their nutrition, stop smoking, and so on?	TPROGRAM1 (42)	TPROGRAM2 (40)	TPROGRAM2 (40)	yes
If you receive urgent care at an urgent care center [and this visit is authorized by your primary care doctor], will [Health Plan] pay all of the cost, some of the cost, or none of the cost?	TURGCAR1 (43)	TURGCAR2 (41)	TURGCAR2 (41)	yes
Will [Health Plan] pay all, some, or none of the cost for a general hospital admission, not including mental health or chemical dependency admissions?	TPAYCST1 (44)	TPAYCST2 (42)	TPAYCST2 (42)	yes
Do you need to get a referral or permission from your [Health Plan] primary care doctor in order to see a [Health Plan] specialist such as an allergist or dermatologist, and this specialist is part of [Health Plan] and have it paid for by [Health Plan]?	TREFSPE1 (45)	TREFSPE2 (43)	TREFSPE2 (43)	yes
Do the 5 health plans offered by the [State/University] to its employees in the Twin Cities Metro Area have different coverage for prescription drugs, or is prescription coverage the same for all 5 plans?	TCOVRX1 (46)			yes
Thinking about the 6 health plans offered for 1996, do these plans have different coverage for prescription drugs, or is prescription coverage the same for all 6 plans?		TCOVRX2 (44)	TCOVRX2 (44)	

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
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<b>Importance of Health Plan Selection</b>				
For some people, selecting a health plan during this last open enrollment was a quite important decision, and for others, it was not. How about for you? Would you say the decision to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] was and extremely important decision, a very important, a somewhat important, a not very important, or not at all an important decision?	(not asked)	TSELIMP (45)	TSELIMP (45)	no
Thinking about the 6 health plans that were offered in 1996, how hard or easy was it for you to make a decision on a health plan?	(not asked)	TCHOICE (47)	TCHOICE (47)	no
There were some changes in health plans offered by the [State/University] for 1996. One change is that Med Centers is being replaced with Health Partners. Overall, how much difference to you think there is between Med Centers and Health Partners, its replacement?/As you know, Med Centers is being replaced with Health Partners for 1996. Overall, how much difference do you think there is between Med Centers and Health Partners?	(not asked)	TPLNDIFF (48)	TPLNDIFF (48)	no
Who made the decision to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996?	(not asked)	TDECIDE (50)	TDECIDE (50)	no
<b>Factors Influencing Health Plan Decision</b>				
Now some questions about what influenced the decision made about your 1996 health plan. For each of the possible reasons I mention, please tell me if it was a very big reason, a big reason, a small reason, or not a reason why the decision was made to [stay with [1996 Health Plan]/switch to [1996 Health Plan]/stay with Health Partners, the replacement plan for Med Centers.				
Cost	(not asked)	TINFCST (51)	TINFCST (51)	no
Quality	(not asked)	TINFQLT (52)	TINFQLT (52)	no
Coverage	(not asked)	TINFCOV (53)	TINFCOV (53)	no
Convenience	(not asked)	TINFCOV (54)	TINFCOV (54)	no

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
Doctors	(not asked)	TINFMD (55)	TINFMD (55)	no
Being able to go to the doctors [you/you and your family] currently see or prefer to see	(not asked)	TINFSEE (56)	TINFSEE (56)	no
Maternity care	(not asked)	TINFMAT (57)	TINFMAT (57)	no
Special needs of one or more family members	(not asked)	TINFNEED (58)	TINFNEED (58)	no
Was there any other factor that influenced your decision to [stay with [1995 Health Plan]/switch to [1996 Health Plan]/stay with Health Partners, the replacement plan for Med Centers]?	(not asked)	TINFOTHR (59)	TINFOTHR (59)	no
Was this a very big reason, a big reason, a small reason, or not a reason why you decided to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers]?	(not asked)	TINFREAS (59a)	TINFREAS (59a)	no
Even when there are several reasons for a decision about which health plan to choose, for many people it eventually boils down to a single issue. Was this true for [you/you and your family] during this past open enrollment?	(not asked)	TISSUE (60)	TISSUE (60)	no
What was this issue? <i>(Possible responses: cost, quality, coverage, convenience, doctors, being able to go to doctors [you/you and your family] currently see or prefer to see, maternity care, special needs of one or more family members, or something else)</i>	(not asked)	TISSREAS (61)	TISSREAS (61)	no
Now I'd like to know if choosing to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996 means changing doctors that [you/you or any family members] are currently seeing?	(not asked)	TCHGMD (62)	TCHGMD (62)	no
Does your health plan choice for 1996 mean that [you/you or any family members] will now be able to change to new doctors you would <u>rather</u> see because these doctors will now be included in or covered by your 1996 health plan?	(not asked)	TSEEMD (63)	TSEEMD (63)	no

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<b>Information Seeking</b>				
During this past open enrollment, please tell me whether or not you did each of the following when choosing your 1996 health plan.				
Talk about this with any family members?	(not asked)	TTALKFAM (64)	TTALKFAM (64)	no
Talk about this with any friends or coworkers?	(not asked)	TTALKOTH (65)	TTALKOTH (65)	no
Call any of the health plans to get more information?	(not asked)	TCALLPLN (66)	TCALLPLN (66)	no
Read any certificates of coverage?	(not asked)	TREADCC (67)	TREADCC (67)	no
Read any materials or newspaper advertising from any of the health plans?	(not asked)	TREADADS (68)	TREADADS (68)	no
Go to a health benefits meeting, teleconference or employee health benefits fair?	(not asked)	TBENMTG (69)	TBENMTG (69)	no
Talk with anyone in employee benefits at the [State/University], including the benefits representative in your department?	(not asked)	TTALKBEN (70)	TTALKBEN (70)	no
Rely on personal experience?	(not asked)	TPEREXP (71)	TPEREXP (71)	no

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<b>Open Enrollment Materials</b>				
Each fall the [State/University] sends an open enrollment packet to its employees. Do you recall seeing this packet?	(not asked)	TPKTSEE (74)	TPKTSEE (74)	no
How much of your open enrollment packet, if any, did you read? Would you say you read most or all of it, read parts of it, just glanced through it, or did you never really look at it?	(not asked)	TPKTREAD (75)	TPKTREAD (75)	no
Overall, how hard or easy do you think it was to understand the materials in the open enrollment packet?	(not asked)	TPKTUND (76)	TPKTUND (76)	no
When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this open enrollment packet extremely helpful, very helpful, somewhat helpful, not very helpful, or not at all helpful?	(not asked)	TPKTHELP (77)	TPKTHELP (77)	no
<b>Report Card Materials</b>				
A report called "Health Plans and Medical Care: What Employees Think: was included in your open enrollment packet. It gave the results of a survey of State Employees who rated their health plans and medical care. This report had color-coded charts and graphs that compared health plans, and showed how survey results changed from 1993 to 1995. It was a fold-out with a loon on the front page. Do you remember seeing this report?	(not asked)	TRPTSEE (79) State only	TRPTSEE (79) State only	no
How much of this report, if any, did you read? Would you say that you read most or all of it, read parts of it, just glanced through it, or did you never really look at it?	(not asked)	TRPTREAD (80) State only	TRPTREAD (80) State only	no
Did you look at the chart with the color-coded stars that compared employees' ratings of the health plans in 1995?	(not asked)	TRPTRATE (81) State only	TRPTRATE 81 State only	no
Did you look at the section that told about changes from 1993 to 1995, showing which health plans improved or went down in the ratings?	(not asked)	TRPTCHG (82) State only	TRPTCHG (82) State only	no
Did you look at any of the bar graphs on the inside of the report that showed more detailed survey results for particular topics?	(not asked)	TRPTGRPH (83) State only	TRPTGRPH (83) State only	no



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When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this report extremely helpful, very helpful, somewhat helpful, not very helpful, or not at all helpful to you?	(not asked)	TRPHELP (84) State only	TRPHELP (84) State only	no
When it came to judging the quality of the health plans that were offered to state employees, was this report extremely helpful, very, somewhat, not very, or not at all helpful?	(not asked)	TRPTQLT (85) State only	TRPTQLT (85) State only	no
<b>Data Institute Report</b>				
In early October, a [different] report called "You and Your Health Plan" was included as a special insert in many newspapers throughout Minnesota. It gave the results of a state-wide survey of Minnesotans who rated their health plans and medical care. It was about health plan members in [general./general, not about state employees.] Do you remember seeing this report?	(not asked)	TINSSEE (86)	TINSSEE (86)	no
How much of this report, if any, did you read? Would you say that you read most or all of it, read parts of it, just glanced through it, or did you never really look at it?	(not asked)	TINSREAD (87)	TINSREAD (87)—	no
When it came to deciding whether to [stay with the same health plan/switch to a different health plan/stay with Health Partners, the replacement plan for Med Centers] for 1996, was this report extremely helpful, very helpful, somewhat helpful, not very helpful, nor not at all helpful to you?	(not asked)	TINSHELP (88)	TINSHELP (88)	no
When it came to judging the quality of the health plans that were offered to [State/University] employees, was this report extremely helpful, very, somewhat, not very, or not at all helpful?	(not asked)	TINSQLT (89)	TINSQLT (89)	no
Given the information that was available to you about the health plans offered, how confident are you that you made the right choice by [staying with [1995 Health Plan]/switching to [1996 Health Plan]/staying with Health Partners, the replacement plan for Med Centers]? Are you very confident, somewhat confident, a little confident, or not very confident?	(not asked)	TCONFID (90)	TCONFID (90)	no

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<b>Health Status</b>				
In general, would you say that your own health is excellent, very good, good, fair, or poor?	THLTHST1 (41)	THLTHST2 (91A)	THLTHST2 (91A)	no
How about your [husband/wife] who is covered on your 1996 [1996 Health Plan] policy? In general, would you say [his/her] health is excellent, very good, good, fair, or poor?	(not asked)	THLTHSP (91B)	THLTHSP (91B)	no
How about [your child/any of your children] who [is/are] covered on your 1996 [1996 Health Plan] policy? In general, would you say that [your child's/their] health is excellent, very good, good, fair, or poor?	(not asked)	THLTHCHL (91C)	THLTHCHL (91C)	no
Now I'm going to read you a list of medical conditions. For each one, please tell me whether or not you require either regular care or prescription medication for that condition.  First, do you require either regular medical care or prescription medication for/how about]				no
Asthma?	(not asked)	TMCASHT (92A-1)	TMCASHT (92A-1)	no
Diabetes?	(not asked)	TMCDIAB (92A-2)	TMCDIAB (92A-2)	no
Heart trouble or a heart condition?	(not asked)	TMCHEART (92A-3)	TMCHEART (92A-3)	no
Joint problems, including arthritis, gout, and rheumatism?	(not asked)	TMCJOINT (92A-4)	TMCJOINT (92A-4)	no
Depression?	(not asked)	TMCDEPPR (92A-5)	TMCDEPPR (92A-5)	no
Do you have any other medical conditions that require either regular care or prescription medications?	(not asked)	TMCOTHER (92A-6)	TMCOTHER (92A-6)	no
Now I'm going to read you a list of medical conditions again. This time, for each one, please tell me whether or not your [husband/wife] covered on your 1996 [1996 Health Plan] policy requires either regular care or prescription medication for that condition.				

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Asthma?	(not asked)	TASTHSP (92B-1)	TASTHSP (92B-1)	no
Diabetes?	(not asked)	TDIABSP (92B-2)	TDIABSP (92B-2)	no
Heart trouble or a heart condition?	(not asked)	THEARTSP (92B-3)	THEARTSP (92B-3)	no
Joint problems, including arthritis, gout, and rheumatism?	(not asked)	TJOINTSP (92B-4)	TJOINTSP (92B-4)	no
Depression?	(not asked)	TDEPPRSP (92B-5)	TDEPPRSP (92B-5)	no
Does [he/she] have any other medical conditions that require either regular care or prescription medications?	(not asked)	TOTHERSP (92B-6)	TOTHERSP (92B-6)	no
Now I'm going to read you a somewhat different list of medical conditions. This time, for each one, please tell me whether [your child/any of your children] covered on your 1996 [1996 Health Plan] policy [requires/require] either regular care or prescription medication for that condition.  [First, [does your child/do any of your children] require either regular medical care or prescription medication for/how about]				
Asthma or wheezing?	(not asked)	TASTHCHL (92C-1)	TASTHCHL (92C-1)	no
Diabetes?	(not asked)	TDIABCHL (92C-2)	TDIABCHL (92C-2)	no
Any behavioral or emotional problems?	(not asked)	TEMMCHL (92C-3)	TEMMCHL (92C-3)	no
[Does your child/Do any of your children] have any other medical conditions that require either regular care or prescription medications?	(not asked)	TOTHRCHL (92C-4)	TOTHRCHL (92C-4)	no

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
<b>Demographics</b>				
Do [you / you or your (husband/wife)] work in a doctor's office or clinic, a hospital, or any other place that provides medical care?	TWORKMC (58)	(not asked)	TWORKMC (95)	no
What is your date of birth? MONTH	TDOBMO (56A)	(not asked)	TDOBMO (93A)	no
DAY	TDOBDY (56B)	(not asked)	TDOBDY (93B)	no
YEAR	TDOBYR (56C)	(not asked)	TDOBYR (93C)	no
What is the highest grade you completed in school?	TGRADE (57)	(not asked)	TGRADE (94)	no
Approximately what was your total household Income last year before taxes?	TINCOME (59)	(not asked)	TINCOME (96)	no
Sex of respondent.	TGENDER1 (60)	TGENDER2 (106)	TGENDER2 (106)	no
<b>Information Seeking: Choosing a Health Plan</b>				
Would you or would you not use the following information when making a decision about choosing a health plan:				
Information about which health plans your friends are in.	TFRNDPLN (47)	(not asked)	(not asked)	yes
The opinion of an immediate family member or other relative.	TRELATIV (48)	(not asked)	(not asked)	yes
The opinion of a friend or someone you know.	TFRNDOPN (49)	(not asked)	(not asked)	yes
Objective ratings such as those provided in Consumer Reports.	TOBJRATE (50)	(not asked)	(not asked)	yes
Past personal experience.	TEXPERNC (51)	(not asked)	(not asked)	yes

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Newspaper ads, or radio or television commercials.	TADS (52)	(not asked)	(not asked)	yes
An article or newspaper report written by a knowledgeable third party.	TNEWSRPT (53)	(not asked)	(not asked)	yes
Printed brochures, pamphlets, or other information provided by the health plan.	TOTHRINF (54)	(not asked)	(not asked)	yes
Information about what other members of the health plan have said.	TMBRSAY (55)	(not asked)	(not asked)	yes
<b>Information Seeking: Shopping for a Service</b>				
As we come to the end of the survey, I'd like to switch gears for a minute and ask you about the types of information some people use when choosing services such as auto repair, income tax preparation, child care or house painting. For each one, please tell me whether you would or would not use that type of information when making a decision about purchasing a service. [First,/How about]				
Information about which services your friends use	(not asked)	TUSEFRND (97)	(not asked)	no
The opinion of an immediate family member or other relative	(not asked)	TUSEFAM (98)	(not asked)	no
The opinion of a friend or someone you know	(not asked)	TUSEOPFR (99)	(not asked)	no
Objective ratings such as those provided in Consumer Reports	(not asked)	TUSERATE (100)	(not asked)	no
Past personal experience	(not asked)	TUSEEXP (101)	(not asked)	no
Newspaper ads, or radio or television commercials	(not asked)	TUSEADS (102)	(not asked)	no
An article or newspaper report written by a knowledgeable third party	(not asked)	TUSENEWS (103)	(not asked)	no

ITEM	PRE- ENROLLMENT	POST- ENROLLMENT	POST- ENROLLMENT ONLY	IS ITEM AFFECTED BY SAMPLING ERROR
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Printed brochures, pamphlets, or other information provided by the service	(not asked)	TUSEOTHR (104)	(not asked)	no
Information about what users of the service have said	(not asked)	TUSESAY (105)	(not asked)	no



## **APPENDIX F**

### **RESPONDENTS' HEALTH PLAN ENROLLMENT**





**RESPONDENTS' HEALTH PLAN ENROLLMENT, 1995 AND 1996**

1995 HEALTH PLAN		PRE				POST			
		SINGLE		FAMILY		SINGLE		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
900-GROUP HEALTH	N	357	332	504	448	357	332	504	448
	%	40	42	48	53	40	42	48	53
901-MEDCENTERS	N	69	58	73	52	69	58	73	52
	%	8	7	7	6	8	7	7	6
902-MEDICA PRIMARY	N	83	40	70	48	83	40	70	48
	%	9	5	7	6	9	5	7	6
903-STATE HEALTH PLAN	N	129	93	149	122	129	93	149	122
	%	14	12	14	14	14	12	14	14
904-MEDICA PREMIER	N	265	262	245	174	265	262	245	174
	%	29	33	24	21	29	33	24	21

1996 HEALTH PLAN		PRE				POST			
		SINGLE		FAMILY		SINGLE		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
900-GROUP HEALTH	N	325	306	471	436	325	306	471	436
	%	36	39	45	52	36	39	45	52
902-MEDICA PRIMARY	N	51	32	37	33	51	32	37	33
	%	6	4	4	4	6	4	4	4
903-STATE HEALTH PLAN	N	67	47	58	48	67	47	58	48
	%	7	6	6	6	7	6	6	6
904-MEDICA PREMIER	N	320	319	253	214	320	319	253	214
	%	36	41	24	25	36	41	24	25
905-HEALTHPARTNERS	N	67	54	63	49	67	54	63	49
	%	7	7	6	6	7	7	6	6
906-STATE HEALTH PLAN SELECT	N	70	19	157	61	70	19	157	61
	%	8	2	15	7	8	2	15	7



**APPENDIX G**  
**HCFA REVIEW PAPER**



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## Employer-Specific Versus Community-Wide Report Cards: Is There a Difference?

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*This article describes preliminary results from a natural experiment that tested the impact of report cards on employees. As part of the 1995 enrollment process, some members of the State of Minnesota Employee Group Insurance Program received report cards on the plans offered to them, and others did not. Both groups of employees had a chance to review a second community-wide report card covering all Minnesota plans that had been distributed by an independent organization through local newspapers. Both groups were surveyed before and after they made their health plan selections. We compare the likelihood of seeing, the intensity of reading, and the perceived helpfulness of the first, employer-specific report card with the second, community-wide report card for consumers who make plan selections.*

### INTRODUCTION AND BACKGROUND

Supporters of a managed competition approach to health care reform have argued that consumers need more and better information to make truly informed choices among health plans. In theory, creating better informed consumers will

encourage health plans to compete on quality of care and enrollee satisfaction, in addition to cost (Enthoven, 1993; Hibbard and Weeks, 1987).

National debate over health care reform focused attention on the types and amounts of information available to assist consumers in making health care choices, as well as the ability of consumers to process and act on that information (Sofaer and Hurwicz, 1993). Some have suggested that informing and protecting consumers should be an end in itself and not just a means to a working marketplace (Sofaer, 1993). Others have stressed that a minimal number of reasonably informed consumers is sufficient to encourage competition among providers (Pauly, 1987). Virtually all health benefit programs give employees spreadsheets that provide factual information in a format to encourage comparison of health plans. These spreadsheets include information on premiums, employee out-of-pocket contributions to premiums, benefit coverage, and provider network. Additional information on providers in a health plan network is distributed by the employee benefit manager or health plan in response to employee requests.

In the private sector, large purchasers of health care have initiated efforts to expand information available to potential health plan enrollees to include quality and member satisfaction measures (Cronin, 1995; *Business & Health*, 1995). These efforts have traditionally involved single purchasers and individual health plans. Typically, a large firm collects data from its

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employees about satisfaction with services provided by each health plan. Employers often request that health plans supplement these data with information about services provided to the employed group, such as immunization rates, other measures of preventive care, and outcomes that can be measured using administrative claims data (Jordahl, 1992). The resulting information may be used by the employee to select among health plans.

In recent years, coalitions of employers have formed, in part, to standardize data for comparison of health plans by employers and to enhance the leverage that employers can exert on health plans in contract negotiations (Epstein, 1995). In response to these efforts, some health plans have begun to work closely with employer groups to design data collection instruments and forms for displaying the results (Jordan, Straus, and Bailit, 1995). An important example of this type of collaboration is the Health Plan Employer Data and Information Set (HEDIS) effort, which began in 1992 and is now under the sponsorship of the National Committee for Quality Assurance (Packer-Tursman, 1993; National Committee for Quality Assurance, 1993). HEDIS measures include areas of plan performance such as rates of preventive services, measures of appropriateness of care, and patient satisfaction (Hibbard and Jewett, 1996).

In parallel with these highly visible national efforts, some large employers began experimenting with comparative health plan report cards that could be used in conjunction with spreadsheet information by employees for selecting a health care plan from among the set of plans offered by employers. These report cards typically contained data from employee surveys, but varied widely in their comprehensiveness, sophistication, and presumed usefulness to consumers. Most often, the

report cards compared health plans on the basis of access to care, quality of communication, health plan administrative procedures, and overall ratings of satisfaction (McGee and Knutson, 1994).

At present, there is ongoing, widespread experimentation with various methods of collecting information about health plans and providing summary comparisons for consumer and employer use (Bushick, 1996). Considerable attention has been focused on the technical aspects of surveying consumers and designing report cards (Agency for Health Care Policy and Research, 1995). Evaluation of consumer report cards has centered primarily on qualitative information derived from focus groups (Lavisso-Mourey, 1994; National Committee for Quality Assurance, 1995; Walker, Hubbard, and Garfinkel, 1996). Results of these focus group evaluations indicate that consumers are interested in report cards, but that they would like the report cards to focus on basic, not "fancy," information and survey results about their specific medical condition or "people like themselves" (Firman, 1995). In addition, consumers are interested in knowing more about the reliability and validity of the information provided to them (U.S. General Accounting Office, 1995).

Although the report card movement began with employer-specific report cards, industry leaders and policy makers have begun to realize that producing unique employer-specific report cards that repeatedly measure the same health plan from the perspective of different employer groups may be inefficient. Report cards are costly to prepare because they require administration of the survey, construction of an analytic dataset, analysis of the survey, packaging of the findings in a format that is easily understood, and dissemination of findings to employees. Even when previously developed surveys

are available, these questionnaires require review and possible modification or elaboration before they are acceptable to employers. Although no studies have documented the cost of producing report cards on a regular basis, the cost is significant to the individual employer, (e.g., costs for the Minnesota Department of Employee Relations survey were \$145,000 in 1995) and, from a societal viewpoint, will increase in the aggregate as increasing numbers of employers adopt the report card process. An alternative approach would involve the development of a community-wide report card, based on surveys of the overall population of health plan enrollees, with the findings broadly disseminated through the mass media. While this approach could result in lower aggregate costs associated with report card related activities, consumers may not find community-wide report cards as helpful as employer-specific report cards.

This article will contrast the utility of report cards prepared by employers for the benefit of their own employees with community-wide report cards prepared for the general public. We use data assembled for a larger study designed to investigate whether report cards improve consumers' knowledge about health plans, affect consumers' attitudes towards health plans, and influence consumers' choice of health plans. In this larger study, survey data were collected from different samples drawn from the 60,000 employees enrolled in the State of Minnesota Employee Group Insurance Program ("the Program"). The Program has been identified as a model for managed competition and has been a pioneer in the development and dissemination of report card information to employees (Dowd and Feldman, 1994/1995). In 1991, a survey-based report card was mailed to all Program employees before the fall open enrollment period, with the

exception of employees of the University of Minnesota. The University did not wish to incur the additional expense of distributing the report card. In 1993, and most recently in 1995, a revised form of the report card was distributed to potential enrollees, again excluding University employees. In 1995, the report card was a single sheet 7 inches by 25.5 inches, folded to 8½ by 11 inches, printed in two colors. It included a summary star chart as well as 14 graphs of survey results. The summary star chart indicated that one plan was significantly below average on 12 of 14 measures. The graphs indicated that all plans had generally positive ratings.

In October 1995, a report card was disseminated by the Minnesota Health Data Institute (MHDI) to the general public through a newspaper supplement. MHDI was created by the Minnesota legislature in 1993 as a public-private partnership to carry out activities related to health plan and provider performance measurement, electronic data exchange, and data privacy. This effort was MHDI's initial attempt at measuring and disseminating health plan performance information. The report card contained information on 46 health plans, including publicly funded programs. The six-color newspaper supplement was 16 pages long with separate sections comparing private health insurance (health maintenance organizations [HMOs], point-of-service, indemnity), Medicare (HMOs, fee-for-service), and State health programs (medical assistance, general assistance, Minnesota care, Minnesota Comprehensive Health Association). Among the HMOs, one plan was consistently better than average on 13 of 21 measures. (This plan was not available to the study population. Furthermore, one plan available only to State employees, the State Health Plan, was not included in the MHDI report.)



In this article, we evaluate the relative impact on consumers of these two report card efforts. For simplicity, we will refer to the report card generated by the State of Minnesota Department of Employee Relations as the employer-specific report card and the report card generated by the MHDH as the community-wide report card. The non-University State employees will be referred to as State employees, and the University State employees will be referred to as University employees. For each report card, we asked whether the employee had seen it, how intensely the employee had read it, and how helpful the report card information was in selecting a health plan. State employees were asked about both report cards. University employees were only asked about the community-wide report card, since they did not receive an employer-specific report card. For these analyses, respondents with single coverage and respondents with family coverage were combined. Because information on some independent variables was available only in the pre-enrollment survey, we restricted our analysis to those cases with both pre-enrollment and postenrollment information.

## METHODS

### Study Design

In effect, the way in which the two report cards were disseminated created a natural experiment. Two groups of employees chose

among the same health plans and received the same spreadsheet information on those plans. One group (State employees) received the community-wide report card and the employer-specific report card, while the second group (University employees) received only the community-wide report card. To take advantage of this natural experiment, we used a Solomon four-fold design to address the larger study questions (Campbell and Stanley, 1963). Data were collected before and after the open enrollment periods, as shown in Table 1.

Time 1 indicates the period immediately preceding the open enrollment period for all study samples. Time 2 indicates the open enrollment period. Time 3 indicates the period immediately following the open enrollment period.  $O_1$  and  $O_2$  indicate the administration of a survey.  $X$  indicates the distribution of the report card to State employees.

### Study Population

Two study samples were drawn, based upon whether the employee had a single or family coverage policy. For each type of coverage, four samples were surveyed (lines 1 through 4 in Table 1). Two samples were formed through random sampling of State employees in the Minneapolis-St. Paul metropolitan area, all of whom received the employer-specific report card, and the other two samples were formed through random sampling of University employees in the Twin Cities,

Table 1  
Data Collection Times

Employee Group	Time 1 (Pre-Enrollment)	Time 2 (Enrollment)	Time 3 (Postenrollment)
State Employees (1)	$O_1$	X	$O_2$
State Employees (2)	—	X	$O_2$
University Employees (3)	$O_1$	—	$O_2$
University Employees (4)	—	—	$O_2$

SOURCE: Krutson, D.J., Fowles, J.B., Finch, M., et al., 1996.

none of whom received the employer-specific report card. One State and one University sample were surveyed before open enrollment. All samples were surveyed at postenrollment.

The University employee population had a much higher proportion of faculty than the State employee population. (There were some faculty at State and community colleges in the State employee population.) To reduce potentially large differences in educational levels between the two groups, we excluded faculty members from both samples. We required that subjects be active, full-time employees because these employees are eligible for health coverage. They also had to work and reside in the seven-county Minneapolis-St. Paul metropolitan area because the six health plans covered in the employer-specific report card were available in this geographic area. Some employee subgroups were not included in the survey, including employees who were involved with conducting the study or who were atypical from the perspective of health benefit eligibility. These groups included Department of Employee Relations staff and members of the State legislature. Employees whose status with respect to these criteria changed during the study period were dropped from the study. Additionally, employees who changed from a single policy to a family policy or vice versa were eliminated. During respondent screening, we eliminated University employees whose spouse was employed by the State (in which case a report card would have been sent to the household). Administrative data indicated which plan the employee was enrolled in for calendar year 1995. Employees who stated that they belonged to a health plan that did not match the plan listed in the administrative data were dropped from the study.

The response rate was 74 percent for the pre-enrollment survey and 85 percent for the postenrollment survey. The response rate calculation included all refusals and eligible non-contacts in the denominator. In the overall study, the number of respondents varied among the eight samples, ranging from 385 to 431. For the pre-enrollment and postenrollment samples used in this article, combining single and family respondents, there were 820 State employees and 802 University employees.

## Data Sources

The analysis relied principally on data collected through telephone surveys of State and University employees. Pre-enrollment and postenrollment surveys were conducted immediately before and after open enrollment, which was held between October 1 and October 31, 1995, for State employees and between October 16 and November 15, 1995, for University employees. The telephone questionnaire collected data related to the primary study questions, as well as information on employee and household characteristics expected to influence health plan preference and choice based on past published studies.<sup>1</sup>

Other data were taken from secondary sources. Health plan membership for all sample members for the years 1994, 1995, and 1996 was provided by the State Department of Employee Relations.

<sup>1</sup>Survey items included: satisfaction with 1995 health plan; ratings of cost and quality of available health plans; perceived knowledge about health plan options; actual knowledge of health plan characteristics; ratings of the importance of health plan and provider characteristics; physician attachment; proclivity to change plans; attention to own health; past utilization (employee and covered household members); expected utilization (employee and covered household members); importance of the decision to select a health plan; factors influencing the selection of the 1996 plan; information seeking behavior in shopping for a general service; information seeking behavior in selecting the 1996 health plan; general health status (employee and covered household members); chronic illness burden (employee and covered household members); use of and opinion regarding health plan comparison materials; and employee and family demographics.

Descriptors of the various plans offered to employees in the sample (e.g., premium cost, co-pay and deductible amounts, and specific coverage) were abstracted from the enrollment packets distributed to all State and University employees in September 1995.

### **Dependent Variables**

For this analysis, we focused on three dependent variables for each of the two report cards with information pertaining to these variables collected in the postenrollment surveys (see the "Study Design" section). The first variable addressed whether the respondent remembered seeing the report card (yes, no, or not sure). The second variable, defined only for those who had seen the report card, measured the intensity of processing the reported information (read most or all of it, read parts of it, just glanced through it, or never really looked at it). The third variable measured the respondent's perception of the helpfulness of the report card in deciding whether to stay with or switch health plans (extremely helpful, very helpful, somewhat helpful, not very helpful, or not at all helpful).

### **Independent Variables**

Independent variables used in these analyses included age, gender, educational level, presence of chronic disease in the family, single or family coverage, switched or considered switching health plans, whether the respondent or spouse worked in a clinic or doctor's office, the general likelihood of using objective ratings such as consumer reports for choosing services, perceived importance of the health plan decision, and confidence in health plan choice. Measures of central tendency for both the dependent and independent variables for the State and University employees are included in Table 2.

### **Statistical Analysis**

There were three stages in the analysis. First, descriptive statistics for each variable were generated. Next, relationships among all independent and dependent variables were explored at the bivariate level, using Chi-square or analysis of variance (ANOVA) tests as appropriate. Finally, for the multivariate analyses, the independent variables were identified on the basis of their significance in the bivariate analyses and their theoretical significance. Variables that reached significance of 0.01 or less were entered into the multinomial logit regression models. The estimated models were then used to evaluate the simultaneous contributions of these variables in predicting the likelihood that an employee saw the report card, the intensity of reading it, and the perceived helpfulness of the report card in selecting a health plan. Odds ratios (OR) and 95-percent confidence intervals are reported.

### **RESULTS**

First, we compare the characteristics of State and University employees. Then we compare State employees' evaluation of the community-wide report card with University employees' evaluation of the same report card. Finally, we compare State employees' evaluation of their own employer-specific report card with University employees' evaluation of the community-wide report card.

#### **Differences Between State and University Respondents**

The State and University respondents differed in several ways. State employees were somewhat older than University employees (mean age 46 years versus 43 years), and more were male (48 percent

**Table 2**  
**Selected Characteristics of State and University Employees**

Variable	State Employees (n = 820)	University Employees (n = 802)
<b>Independent Variables</b>		
Age (Mean)	***46.1 (8.9)	42.8 (9.5)
Gender (Percent Female)	***52	66
Educational Level (Percent) ***		
8th Grade or Less	0	0
Some High School	1	1
High School Graduate or GED	21	8
Some College or Technical	25	26
College Graduate	30	34
Post-Graduate or Professional Degree	23	32
Presence of Chronic Disease in Family (Percent Yes)	*61	55
Single or Family Coverage (Percent Single)	**48	48
Switched or Considered Switching (Percent Who Switched) <sup>1</sup>	**21	16
Self or Spouse Working in Clinic (Percent Yes)	***13	42
Likelihood of Using Objective Ratings to Select a Service (Mean) <sup>2</sup>	**2.54 (1.18)	2.37 (1.12)
Importance of Health Plan Decision (Mean) <sup>3</sup>	**2.39 (1.20)	2.45 (1.25)
Confidence in Health Plan Choice (Mean) <sup>4</sup>	**1.49 (0.83)	1.47 (0.87)
<b>Dependent Variables</b>		
Saw Employer-Specific Report Card (Percent Yes)	76	NA
Intensity of Reading Employer-Specific Report (Mean) <sup>5</sup>	1.77 (0.89)	NA
Degree of Helpfulness of Employer-Specific Report Card for Decision (Mean) <sup>6</sup>	3.32 (1.01)	NA
Saw Community-Wide Report Card (Percent Yes)	**25	27
Intensity of Reading Community-Wide Report Card (Mean) <sup>7</sup>	**2.31 (0.92)	2.04 (0.92)
Degree of Helpfulness of Community-Wide Report Card for Decision (Mean) <sup>8</sup>	**3.87 (0.92)	3.60 (1.00)

\*\*\* p < .001.

\*\* p < .01.

\* p < .05.

\*\* No significant difference between the groups.

<sup>1</sup> Five-point scale: 1 = switched; 2 = considered switching a lot; 3 = did not consider switching at all.

<sup>2</sup> Five-point scale: 1 = definitely would; 5 = definitely would not.

<sup>3</sup> Five-point scale: 1 = extremely important; 5 = not at all important.

<sup>4</sup> Four-point scale: 1 = very confident; 4 = not very confident.

<sup>5</sup> Four-point scale: 1 = read most or all of it; 4 = never really looked at it.

<sup>6</sup> Five-point scale: 1 = extremely helpful; 5 = not at all helpful.

<sup>7</sup> Four-point scale: 1 = read most or all of it; 4 = never really looked at it.

<sup>8</sup> Five-point scale: 1 = extremely helpful; 5 = not at all helpful.

NOTES. NA is not applicable. Numbers in parentheses are standard deviations.

SOURCE: Knutson, D.J., Fowles, J.B., Finch, M., et al., 1996

versus 34 percent). Even after excluding all the faculty from the sample, State employees still had a somewhat lower average educational level. About 25 percent of State employees had postgraduate or professional degrees, while 32 percent of University employees had advanced degrees. State employees were more likely to have a chronic disease in the family (61 percent versus 55 percent), and were much less likely to work or have a spouse who worked in a hospital or clinic (13 percent versus 42 percent). This difference reflects the fact that University hospital and clinic

employees are included in the University group. State employees were somewhat more likely to have switched plans from 1995 to 1996 (21 percent versus 16 percent). State employees were less likely to say that they used objective ratings like Consumer Reports to select services. There was no difference between State employees and University employees on their ratings of the importance of the health plan decision or their degree of confidence in their health plan choice (Table 2). Because the State and University employees differed on some

characteristics that may be related to the effect of report cards, we included these characteristics as independent variables in our multivariate analyses. We also tested the need to include a "propensity score" as an independent variable in the estimated models. The propensity score is the probability that an individual is found in a particular group, and is used to detect bias in estimated intervention effects (Rosenbaum and Rubin, 1983). The propensity score was not significant in any of the estimated models, suggesting no bias in the estimated intervention effects.

### Evaluation of the Community-Wide Report Card

Only about 25 percent of either group, State or University employees, reported seeing the community-wide report card. The likelihood of seeing the community-wide report card was somewhat higher for older (OR = 1.03) and more highly educated respondents (college graduate OR = 1.80; postgraduate OR = 2.34). Seeing the report card was not significantly affected by place of employment, gender, having a spouse who worked in a clinic, or preference for using objective ratings (Table 3).

Among those who reported seeing the community-wide report card, State employees were less likely than University employees to have read most or all of it (25 percent versus 37 percent). The likelihood of more intense reading was influenced by whether or not the respondent was a State employee (OR = 0.60) and decreasing importance of the health plan decision (OR = 0.74). It was not influenced by age, gender, educational level, having a spouse who worked in a clinic, or preference for using objective ratings.

Among those who reported seeing the community-wide report card, State employees were less likely to find it helpful for

choosing a plan (5 percent versus 11 percent extremely or very helpful,  $p < 0.01$ ). In a logistic regression, State employees were much less likely to find the report helpful (OR = 0.58), and especially for those who had not read the report as intensely as others (OR = 0.36).

### Community-Wide Versus Employer-Specific Report Cards

The differences in the two groups in their evaluations of the community-wide report card could simply reflect the fact that State employees had their own report card, and they considered this report card more relevant to their enrollment choice. Therefore, our second analysis compared the State employees' evaluation of their employer-specific report card with the University employees' evaluation of the community-wide report card—the only one available to them. To perform this analysis, we created new versions of the dependent variables in which "seeing the report card" took the values of seeing the employer-specific report card for the State employees and seeing the community-wide report card for University employees. Similarly, "intensity of reading the report card" and "helpfulness of the report card in selecting a health plan" took the values for the employer-specific report card for the State employees and the values for the community-wide report card for University employees (Table 4).

State employees were much more likely to have seen the employer-specific report card than University employees were to have seen the community-wide report card (76 percent versus 27 percent). State employees who saw the report card were more likely to say that they read most or all of the employer-specific report card than University employees were to say that they read most or all of the community-wide

**Table 3**  
**Comparison of State Employees' With University Employees' Rating of the Community-Wide Report Card**

Independent Variables	Dependent Variables					
	Saw Community-Wide Report Card (n=1,488)		Intensity of Reading Community-Wide Report Card (n=366)		Degree of Helpfulness of Community-Wide Report Card (n=364)	
	Odds Ratio	95-Percent Confidence Intervals	Odds Ratio	95-Percent Confidence Intervals	Odds Ratio	95-Percent Confidence Intervals
State or University <sup>1</sup>	0.85	0.66, 1.11	0.60	0.39, 0.93	0.58	0.37, 0.89
Age	1.03	1.02, 1.04	1.00	0.98, 1.02	1.01	0.99, 1.04
Sex <sup>2</sup>	0.99	0.76, 1.27	1.04	0.68, 1.58	0.70	0.46, 1.07
Education: Some College <sup>3</sup>	1.37	0.89, 2.10	0.93	0.44, 1.98	1.34	0.64, 2.83
Education: College Graduate	1.80	1.19, 2.72	1.46	0.71, 2.98	0.66	0.32, 1.33
Education: Post-Graduate	2.34	1.55, 3.56	1.53	0.75, 3.12	0.61	0.30, 1.23
Intensity of Reading Community-Wide Report Card	—	—	—	—	0.36	0.27, 0.46
Self or Spouse Work in Clinic <sup>4</sup>	0.88	0.67, 1.17	0.72	0.45, 1.14	1.16	0.73, 1.84
Less Likely to Use Objective Ratings	0.92	0.83, 1.03	1.06	0.88, 1.27	0.89	0.74, 1.07
Presence of Chronic Disease in Family <sup>5</sup>	0.96	0.74, 1.24	1.08	0.71, 1.63	0.77	0.51, 1.17
Single or Family <sup>6</sup>	1.22	0.95, 1.57	1.25	0.82, 1.91	0.72	0.47, 1.10
Switched Health Plans 1995 to 1996 <sup>7</sup>	1.37	0.97, 1.93	1.52	0.87, 2.67	0.79	0.45, 1.39
Considered Switching a Lot	1.19	0.64, 2.22	0.56	0.20, 1.59	0.79	0.29, 2.16
Considered Switching a Fair Amount	1.39	0.92, 2.10	1.33	0.68, 2.60	1.44	0.74, 2.82
Considered Switching a Little	1.24	0.92, 1.68	0.89	0.54, 1.47	1.12	0.68, 1.85
Decreased Importance of Health Plan Decision	0.93	0.83, 1.04	0.74	0.61, 0.90	0.87	0.72, 1.05
Decreased Confidence in Health Plan Decision	0.85	0.70, 1.02	0.95	0.70, 1.29	0.93	0.68, 1.28

<sup>1</sup> Reference category was "University."

<sup>2</sup> Reference category for sex was "male."

<sup>3</sup> Reference category for education was "high school graduate or less."

<sup>4</sup> Reference category for working in a clinic was "yes."

<sup>5</sup> Reference category for presence of chronic disease was "no."

<sup>6</sup> Reference category for single or family was "single."

<sup>7</sup> Reference category for switching was "did not consider switching."

SOURCE: Krutson, D.J., Fowles, J.B., Finch, M., et al., 1996.

Table 4

Comparison of State Employees' Rating of the Employer-Specific Report Card With  
University Employees' Rating of the Community-Wide Report Card

Independent Variables	Dependent Variables					
	Saw Report Card (n=1,449)		Intensity of Reading Report Card (n=715)		Degree of Helpfulness of Report Card (n=711)	
	Odds Ratio	95-Percent Confidence Intervals	Odds Ratio	95-Percent Confidence Intervals	Odds Ratio	95-Percent Confidence Intervals
State or University <sup>1</sup>	9.46	7.18, 12.46	1.83	1.30, 2.59	1.11	0.79, 1.57
Age	1.01	1.00, 1.03	1.02	1.00, 1.04	1.00	0.99, 1.02
Sex <sup>2</sup>	1.19	0.92, 1.55	0.87	0.64, 1.18	0.62	0.46, 0.84
Education: Some College <sup>3</sup>	1.99	1.33, 2.97	1.09	0.68, 1.73	0.99	0.63, 1.59
Education: College Graduate	2.26	1.53, 3.36	1.02	0.65, 1.61	0.54	0.34, 0.84
Education: Post-Graduate	2.39	1.59, 3.59	1.31	0.81, 2.11	0.51	0.32, 0.82
Intensity of Reading Report Card	—	—	—	—	0.41	0.34, 0.49
Self or Spouse Work in Clinic <sup>4</sup>	1.09	0.82, 1.44	0.77	0.52, 1.13	1.09	0.75, 1.59
Less Likely to Use Objective Ratings	0.94	0.84, 1.04	0.86	0.75, 0.97	0.81	0.71, 0.91
Presence of Chronic Disease in Family <sup>5</sup>	1.00	0.77, 1.29	0.96	0.71, 1.30	0.82	0.61, 1.11
Single or Family <sup>6</sup>	1.37	1.06, 1.77	1.10	0.81, 1.48	0.78	0.58, 1.05
Switched Health Plans 1995 to 1996 <sup>7</sup>	2.05	1.44, 2.91	1.35	0.90, 2.02	1.39	0.93, 2.06
Considered Switching a Lot	2.17	1.18, 4.00	1.82	0.91, 3.60	0.74	0.38, 1.41
Considered Switching a Fair Amount	1.48	0.96, 2.26	1.40	0.84, 2.33	2.00	1.22, 3.28
Considered Switching a Little	1.42	1.05, 1.92	0.91	0.63, 1.31	1.31	0.91, 1.88
Decreased Importance of Health Plan Decision	0.98	0.87, 1.09	0.85	0.74, 0.98	0.91	0.79, 1.04
Decreased Confidence In Health Plan Decision	0.87	0.73, 1.03	0.87	0.72, 1.06	0.84	0.70, 1.02

<sup>1</sup> Reference category was "University."

<sup>2</sup> Reference category for sex was "male."

<sup>3</sup> Reference category for education was "high school graduate or less."

<sup>4</sup> Reference category for working in a clinic was "yes."

<sup>5</sup> Reference category for presence of chronic disease was "no."

<sup>6</sup> Reference category for single or family was "single."

<sup>7</sup> Reference category for switching was "did not consider switching."

SOURCE: Knutson, D.J., Fowles, J.B., Finch, M., et al., 1996



report card (49 percent versus 37 percent,  $p < 0.001$ ). When we controlled for all variables simultaneously, this finding was unchanged (OR = 1.83). People with higher educational levels were more likely to report seeing the report card (some college OR = 1.99, college graduate OR = 2.26, and postgraduate OR = 2.39). Those who switched health plans from 1995 to 1996 (OR = 2.05) or had considered switching "a lot" (OR = 2.17) or "a little" (OR = 1.42) were more likely to have seen a report card (OR = 2.05 and 2.17, respectively). The type of coverage also played a role; those with family coverage were more likely to have seen a report card than those with single coverage (OR = 1.37).

State employees who reported seeing the employer-specific report card were more likely than University employees (who saw only the community-wide report card) to say that they read their report card more intensely (OR = 1.83). Increasing age was directly related to reading intensity (OR = 1.02), as was the decreased likelihood of using objective ratings to select services (OR = 0.86). Those who thought the health plan decision was less important read less intensely (OR = 0.85).

When we compared the helpfulness of the two report cards for those who saw them, we found no significant difference between State employees and University employees, once other characteristics had been controlled. Women were less likely to find the report card helpful than men (OR = 0.62). Those with a college degree or a postgraduate degree were much less likely to find the report card helpful (OR = 0.54 and 0.51 respectively). Employees who were less likely to use objective ratings to select services found the report card less helpful (OR = 0.81). Those who thought about switching health plans "a fair

amount" found their report card more helpful than those who did not consider switching (OR = 2.00). Those who read their report with less intensity were less likely to find it helpful (OR = 0.41).

## Role of Chronic Illness

The presence of chronic illness in the household was not related to the use and perceived usefulness of the report cards. Some readers may assume that households with chronic illness might be more receptive to the report card because of their greater expected need for health care services. On the other hand, these households may not find the report card especially useful because they desire condition-specific information. Our results support this latter interpretation.<sup>2</sup>

## DISCUSSION

Our results highlight important differences in the impact of two types of report cards. First, the employer-specific report card was much more likely to be seen than the community-wide report card. Second, the employer-specific report card was read more intensely than the community-wide report card. Third, after controlling for differences in reading intensity, there was no difference in the perceived helpfulness of the two report cards by those who saw them.

What characteristics of the report cards might be responsible for these findings? These report cards can be compared in terms of their content, the population that provided the content, each readership's prior experience with report cards, and the dissemination methods.

<sup>2</sup>This issue is explored in greater detail in the forthcoming final report on this study.



### *Comparison of Content*

The content of the report cards was similar in many ways. Both report cards used consumer evaluations, and both focused on similar dimensions: access to care, quality of communication, health plan administrative procedures, and overall ratings of satisfaction. The content differed somewhat in that the employer-specific report card had separate results for primary and specialty care as well as for children and adults. Although the subject matter was similar, the actual plans that were compared differed. The employer-specific report card included only six health plans from which the employee could choose. In contrast, the community-wide report card included 46 plans, many of which, such as Medicare and Medicaid, were not relevant to the choices of the population studied here.

### *Comparison of Populations*

The populations surveyed to generate the information reflected in the two report cards were somewhat different. The population for the employer-specific report card consisted of State employees only. Thus, for State employee readers, the respondents who evaluated the plans worked for the same employer as the individual selecting a plan. On the other hand, information used to construct the community-wide report card was based on survey responses from a random sample of each health plan's enrolled population; therefore, survey respondents included individuals who were not State or University employees.

### *Comparison of Prior Experience*

State employees and University employees approached their respective report cards with different levels of prior

experience. Because State employees had received report cards in 1991 and 1993, the format was familiar to many of them. University employees had no prior experience with any report card, because the report card produced by MHDl was the first public initiative to disseminate health plan report card information in Minnesota.

### *Comparison of Dissemination Approaches*

Dissemination methods can affect both the likelihood of seeing the information as well as the relevance of the information. The dissemination of the two report cards differed dramatically both in terms of medium and context. The State as an employer distributed its report card, along with other enrollment information, directly to the employee's home. The material was received at the time the choice of health plan was being made, and was accompanied by additional information, e.g., premium costs and provider network. In contrast, the community-wide report card, although delivered in the open enrollment season, was not specifically included as part of the materials received by employees from their employer to assist in making health plan choice decisions. It was disseminated through the newspaper, and dissemination may not have been complete (Minnesota Health Data Institute, 1996). Due to financial constraints, the supplement was not included in all newspapers.

Each of these differences-content, population, degree of prior experience, and dissemination-may contribute to the perceived relevance of the report card. It is not possible in this analysis to disentangle the relative contributions of each of these differentiating characteristics. Logically, one might think that prior experience would heighten the usefulness of report card information. However, when we

compared the employee's length of employment with the State with their perceived usefulness of the employer-specific report card, we found no significant relationship.

Those who read the report card more thoroughly found it more helpful regardless of whether the report card was employer-specific or community-wide. This finding highlights the importance of developing a better understanding of what motivates consumers to attend to this type of information. Disseminating this information in the explicit context of health plan selection and enrollment processes may be one way to increase attention. Our findings indicate that the method of distribution is strongly related to the likelihood of seeing the report card.

### *Recommendations*

It may be possible to increase the relevance of a community-wide report card through changes in the dissemination process. As with the MHDI initiative, an independent organization could collect data and develop comparative information on all the health plans in a community. However, the distribution channels could be tailored, both for employers and for individuals. The comparative information could be made available to employers who could use it, in turn, to produce report cards that specifically apply to the health plans they offer their employees. The employer could control the timing of dissemination, and also supply other health plan selection information, particularly information about price. Subject to the availability of technology, the information could be made available through computer networks directly to consumers, who could browse through it based on whatever selection criteria were relevant to them. With this approach,

price information could not be available simultaneously because each employer's price would be different. However, consumers would have control of the timing of access to the information, and of methods to select relevant information.

Either strategy, focused on employers or directly on consumers, should preserve the potential scale economies and quality control achieved by centralizing data collection, but should also increase the relevance and simplify the information for those who are going to use it. If employer-specific population-based measures are not critical to the relevance of report cards to consumers, the results of our comparison may indicate the degree of attention that could be achieved using a community-wide data collection process harnessed to an employer-specific versus a consumer-specific dissemination plan.

### *Study Limitations*

Since the study was not based on a randomized trial, it is not surprising that the State employees differed from the University employees in their characteristics. While we controlled for observed differences in the multivariate analyses, it is possible that some unmeasured characteristics were responsible for the observed differences in the report card effects. However, we used a large number of independent measures, and few showed significant differences between the groups.

The generalizability of the study findings are limited by the nature of the setting. The study population was relatively well educated and was drawn from an employed population in the Twin Cities, a mature managed care market. As a consequence, we cannot be sure how these results would apply to significantly different populations, especially those in public

programs, such as Medicare and Medicaid, and in emerging managed care markets.

Other factors may also have influenced our findings. For instance, the State employees' rating of the community-wide report card may have been lower than the University employee's rating because, in the telephone survey, questions about the community-wide report card directly followed questions about the employer-specific report card. State employees may have felt the need to differentiate their ratings of the two report cards, and responded by artificially lowering their appraisal of the community-wide report card. Also, the study addressed only report cards based on individual ratings of plan characteristics, such as satisfaction and access. It did not address the impact of report cards that include performance-based measures, such as immunization rates and other measures of the technical quality of care.

While the study results must be interpreted in light of these limitations, the research is an important first attempt to assess, using quantitative methods and a well-developed research design, the critical issue of consumer response to report cards. More research is required to understand the effect of such report cards on different populations, and also to test consumer responsiveness to alternative dissemination strategies. In particular, demonstrations that focus on new dissemination techniques of community-wide information to employers or consumers could provide valuable insights for policymakers.

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## **APPENDIX H**

### **1995 MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS REPORT CARD**







**TABLE 1**  
**ITEM FREQUENCIES**



S1A/ . HAVE YOU OPENED THE OPEN ENROLLMENT PACKET OR THE PLAN INFORMATION MATERIALS?	PRE			
	INDIVIDUAL		FAMILY	
	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NO-OPEN NEITHER	N	5	4	5
	%	1	1	1
NO-RECEIVE NEITHER	N	11	28	7
	%	3	7	2
DON'T KNOW	N	0	0	0
	%	0	0	0
MISSING	N	380	353	405
	%	96	92	97

S1/S1A. HOW LONG HAVE YOU BEEN EMPLOYED BY THE STATE/UNIVERSITY?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
<1 YEAR	N	0	24	1	15	20	14	24	6
	%	0	6	0	4	4	4	4	1
1-2 YEARS	N	13	40	11	37	75	72	99	34
	%	3	10	3	9	15	18	16	8
3-4 YEARS	N	31	56	23	45	46	48	53	44
	%	8	15	5	11	9	12	9	10
5-9 YEARS	N	103	88	107	108	132	99	145	102
	%	26	23	25	26	26	25	24	24
>=10 YEARS	N	249	177	282	212	234	166	296	240
	%	63	46	67	51	46	42	48	56
DON'T KNOW	N	0	0	0	0	0	1	0	1
	%	0	0	0	0	0	0	0	0

/S1B. ARE YOU STILL EMPLOYED WITH THE STATE/UNIVERSITY?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	396	385	424	417
	%	100	100	100	100

/S1. WHAT IS THE HEALTH PLAN YOU SELECTED FOR 1996?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
GROUP HEALTH	N	160	136	206	190
	%	40	35	49	46
HEALTHPARTNERS	N	53	46	63	49
	%	13	12	15	12
MEDICA PRIMARY	N	24	15	20	16
	%	6	4	5	4
ORIGINAL STATE PLAN	N	28	17	24	16
	%	7	4	6	4
STATE SELECT	N	39	13	47	36
	%	10	3	11	9
MEDICA PREMIER	N	92	158	64	110
	%	23	41	15	26

S2/S1C. IN 1995 WERE/ARE YOU ENROLLED IN THE SPECIFIED HEALTH PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
YES	N	396	385	424	417	903	785	1041	844
	%	100	100	100	100	100	100	100	100

/S2. ACCORDING TO OUR RECORDS,		POST			
IN 1995 YOU HAD		INDIVIDUAL		FAMILY	
INDIVIDUAL/FAMILY COVERAGE.					
WILL YOU STILL HAVE					
INDIVIDUAL/FAMILY COVERAGE		STATE	U OF	STATE	U OF
IN 1996?		OF MN	MN	OF MN	MN
YES	N	903	785	1041	844
	%	100	100	100	100



S3/S1D. ABOUT HOW LONG HAVE YOU BEEN ENROLLED IN THE HEALTH PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
<1 YEAR	N	7	75	5	57	33	17	42	15
	%	2	19	1	14	7	4	7	4
1-2 YEARS	N	73	87	51	81	194	134	227	101
	%	18	23	12	19	38	34	37	24
3-4 YEARS	N	75	70	70	59	77	62	99	80
	%	19	18	17	14	15	16	16	19
5-9 YEARS	N	129	83	138	115	114	103	126	99
	%	33	22	33	28	22	26	20	23
>=10 YEARS	N	99	64	151	101	80	75	115	128
	%	25	17	36	24	16	19	19	30
DON'T KNOW	N	13	5	9	4	9	9	8	4
	%	3	1	2	1	2	2	1	1
REFUSED	N	0	1	0	0	0	0	0	0
	%	0	0	0	0	0	0	0	0

S3A/ . ACCORDING TO OUR RECORDS, YOU CURRENTLY HAVE INDIVIDUAL/FAMILY COVERAGE THROUGH SPECIFIC HEALTH PLAN. IS THAT CORRECT?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	396	385	424	417
	%	100	100	100	100

S4/S3. ARE YOU MARRIED?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
YES		N	136	111	387	373	333	223	915	761
		%	34	29	91	89	37	28	88	90
NO		N	260	273	37	44	570	562	126	83
		%	66	71	9	11	63	72	12	10
REFUSED		N	0	1	0	0	0	0	0	0
		%	0	0	0	0	0	0	0	0

S5/ . IS YOUR SPOUSE EMPLOYED BY THE UNIVERSITY?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	0	42	0	24
	%	0	11	0	6
NO	N	136	69	387	349
	%	34	18	91	84
MISSING	N	0	1	0	0
	%	0	0	0	0
NOT APPLICABLE	N	260	273	37	44
	%	66	71	9	11

S6/ . IS YOUR SPOUSE EMPLOYED BY THE STATE?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	45	0	20	0
	%	11	0	5	0
NO	N	90	69	367	344
	%	23	18	87	82
DON'T KNOW	N	1	0	0	5
	%	0	0	0	1
MISSING	N	0	43	0	24
	%	0	11	0	6
NOT APPLICABLE	N	260	273	37	44
	%	66	71	9	11

S7/. IS YOUR SPOUSE ALSO ENROLLED IN THE SPECIFIED HEALTH PLAN?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	38	34	14	19
	%	10	9	3	5
NO	N	7	7	6	4
	%	2	2	1	1
DON'T KNOW	N	0	1	0	1
	%	0	0	0	0
MISSING	N	91	70	367	349
	%	23	18	87	84
NOT APPLICABLE	N	260	273	37	44
	%	66	71	9	11

S8/ . WHICH HEALTH PLAN IS YOUR SPOUSE ENROLLED IN?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
GROUP HEALTH	N	1	4	0	0
	%	0	1	0	0
MEDCENTERS	N	0	0	2	0
	%	0	0	0	0
MEDICA PRIMARY	N	1	0	0	1
	%	0	0	0	0
STATE HEALTH PLAN	N	1	1	0	0
	%	0	0	0	0
MEDICA PREMIER	N	3	1	1	1
	%	1	0	0	0
DON'T KNOW	N	1	2	3	3
	%	0	1	1	1
MISSING	N	91	70	367	349
	%	23	18	87	84
NOT APPLICABLE	N	298	307	51	63
	%	75	80	12	15

S9/S4. IS YOUR SPOUSE ALSO COVERED BY SPECIFIED HEALTH PLAN AS A DEPENDENT ON YOUR POLICY?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
YES		N	0	0	353	329	0	0	842	700
		%	0	0	83	79	0	0	81	83
NO		N	0	0	14	20	0	0	70	61
		%	0	0	3	5	0	0	7	7
DON'T KNOW		N	0	0	0	0	0	0	3	0
		%	0	0	0	0	0	0	0	0
MISSING		N	136	112	20	24	333	223	0	0
		%	34	29	5	6	37	28	0	0
NOT APPLICABLE		N	260	273	37	44	570	562	126	83
		%	66	71	9	11	63	72	12	10



S9A/S5. HOW MANY CHILDREN DO YOU HAVE, IF ANY, WHO ARE LESS THAN 25 YEARS OLD?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
NONE		N	314	327	72	80	696	660	191	151
		%	79	85	17	19	77	84	18	18
01		N	47	23	99	114	103	64	252	231
		%	12	6	23	27	11	8	24	27
02		N	25	27	170	153	79	47	398	310
		%	6	7	40	37	9	6	38	37
03		N	7	7	63	52	15	11	150	119
		%	2	2	15	12	2	1	14	14
04		N	2	0	18	13	7	3	40	24
		%	1	0	4	3	1	0	4	3
05		N	0	0	1	4	1	0	7	7
		%	0	0	0	1	0	0	1	1
06		N	0	0	1	1	1	0	2	1
		%	0	0	0	0	0	0	0	0

(CONTINUED)

S9A/S5. HOW MANY CHILDREN DO YOU HAVE, IF ANY, WHO ARE LESS THAN 25 YEARS OLD?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
07	N	1	0	0	0	0	0	0	0
	%	0	0	0	0	0	0	0	0
08	N	0	0	0	0	0	0	1	0
	%	0	0	0	0	0	0	0	0
11	N	0	0	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0
DON'T KNOW	N	0	0	0	0	1	0	0	0
	%	0	0	0	0	0	0	0	0
REFUSED	N	0	1	0	0	0	0	0	0
	%	0	0	0	0	0	0	0	0

S10/S6. HOW MANY OF YOUR CHILDREN, IF ANY, ARE COVERED AS DEPENDENTS ON YOUR POLICY?		PRE						POST			
		INDIVIDUAL			FAMILY			INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF		
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN		
NONE/NO	N	0	0	18	15	0	0	37	31		
	%	0	0	4	4	0	0	4	4		
ONE CHILD/YES	N	0	0	117	116	0	0	292	243		
	%	0	0	28	28	0	0	28	29		
02	N	0	0	150	152	0	0	353	296		
	%	0	0	35	36	0	0	34	35		
03	N	0	0	50	38	0	0	128	99		
	%	0	0	12	9	0	0	12	12		
04	N	0	0	17	13	0	0	34	16		
	%	0	0	4	3	0	0	3	2		
05	N	0	0	0	3	0	0	3	6		
	%	0	0	0	1	0	0	0	1		
06	N	0	0	0	0	0	0	1	1		
	%	0	0	0	0	0	0	0	0		

(CONTINUED)

S10/S6. HOW MANY OF YOUR CHILDREN, IF ANY, ARE COVERED AS DEPENDENTS ON YOUR POLICY?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
08	N	0	0	0	0	0	0	1	0
	%	0	0	0	0	0	0	0	0
09	N	0	0	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0
NOT APPLICABLE	N	314	327	72	80	696	660	191	151
	%	79	85	17	19	77	84	18	18
DON'T KNOW	N	0	0	0	0	0	0	1	0
	%	0	0	0	0	0	0	0	0
MISSING	N	82	58	0	0	207	125	0	0
	%	21	15	0	0	23	16	0	0

S11/S7. HOW MANY OF THESE CHILDREN ARE LESS THAN 5 YEARS OLD?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NONE/NO	N	0	0	251	209	0	0	552	447
	%	0	0	59	50	0	0	53	53
ONE CHILD/YES	N	0	0	62	83	0	0	193	158
	%	0	0	15	20	0	0	19	19
02	N	0	0	20	27	0	0	61	53
	%	0	0	5	6	0	0	6	6
03	N	0	0	1	3	0	0	6	3
	%	0	0	0	1	0	0	1	0
04	N	0	0	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0
NOT APPLICABLE	N	0	0	18	15	0	0	0	0
	%	0	0	4	4	0	0	0	0
MISSING	N	396	385	72	80	903	785	229	182
	%	100	100	17	19	100	100	22	22

S12/S8. ARE YOU, OR YOUR FAMILY COVERED BY SPECIFIED HEALTH PLAN ALSO INSURED BY ANOTHER HEALTH PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	30	28	73	40	73	46	145	115
	%	8	7	17	10	8	6	14	14
NO	N	364	356	350	373	829	739	892	724
	%	92	92	83	89	92	94	86	86
DON'T KNOW	N	2	0	1	4	1	0	4	4
	%	1	0	0	1	0	0	0	0
REFUSED	N	0	1	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0

S13A/S9. IS THE SPECIFIED		PRE				POST			
HEALTH PLAN THE ONE THAT YOU		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
PERSONALLY CONSIDER TO BE YOUR		STATE		U OF		STATE		U OF	
OWN PRIMARY HEALTH INSURANCE?		OF MN		MN		OF MN		MN	
YES	N	29	28	73	40	72	46	145	115
	%	7	7	17	10	8	6	14	14
NEITHER INSURANCE IS PRIMARY	N	1	0	0	0	1	0	0	0
	%	0	0	0	0	0	0	0	0
MISSING	N	366	357	351	377	830	739	896	729
	%	92	93	83	90	92	94	86	86

S13B/S10. IS THE HEALTH PLAN THE ONE THAT YOUR SPOUSE CONSIDERS TO BE THE PRIMARY HEALTH INSURANCE?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
YES		N	0	0	44	24	0	0	59	62
		%	0	0	10	6	0	0	6	7
NO		N	0	0	25	13	0	0	74	45
		%	0	0	6	3	0	0	7	5
NEITHER INSURANCE IS PRIMARY		N	0	0	1	0	0	0	0	0
		%	0	0	0	0	0	0	0	0
DON'T KNOW		N	0	0	1	0	0	0	0	0
		%	0	0	0	0	0	0	0	0
REFUSED		N	0	0	0	0	0	0	1	0
		%	0	0	0	0	0	0	0	0
MISSING		N	136	112	316	336	333	223	781	654
		%	34	29	75	81	37	28	75	77
NOT APPLICABLE		N	260	273	37	44	570	562	126	83
		%	66	71	9	11	63	72	12	10



S13C/S11. IS THE HEALTH PLAN THE ONE THAT YOU CONSIDER TO BE THE PRIMARY HEALTH INSURANCE FOR YOUR CHILDREN COVERED BY HEALTH PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	0	0	51	32	0	0	96	90
	%	0	0	12	8	0	0	9	11
NO	N	0	0	6	3	0	0	16	4
	%	0	0	1	1	0	0	2	0
NEITHER INSURANCE IS PRIMARY	N	0	0	1	0	0	0	0	0
	%	0	0	0	0	0	0	0	0
DON'T KNOW	N	0	0	0	0	0	0	1	0
	%	0	0	0	0	0	0	0	0
MISSING	N	82	58	276	287	207	125	700	568
	%	21	15	65	69	23	16	67	67
NOT APPLICABLE	N	314	327	90	95	696	660	228	182
	%	79	85	21	23	77	84	22	22

1/. WHICH OF THESE PLANS DO YOU PERSONALLY THINK IS THE BEST HEALTH PLAN OVERALL, WHETHER YOU HAPPEN TO BE ENROLLED IN IT OR NOT?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
		N	%	N	%
GROUP HEALTH	N	109	102	174	149
	%	28	26	41	36
MEDCENTERS	N	32	30	38	32
	%	8	8	9	8
MEDICA PRIMARY	N	29	24	27	15
	%	7	6	6	4
STATE HEALTH PLAN	N	56	51	71	64
	%	14	13	17	15
MEDICA PREMIER	N	66	89	46	79
	%	17	23	11	19
PLANS DON'T DIFFER	N	38	38	28	29
	%	10	10	7	7
DON'T KNOW	N	66	51	40	49
	%	17	13	9	12

2/1. HOW IMPORTANT IS THE QUALITY OF THE DOCTORS WHO ARE AVAILABLE TO YOU THROUGH YOUR HEALTH PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
		N	%	N	%	N	%	N	%
EXTREMELY IMPORTANT	N	253	236	268	258	540	446	632	486
	%	64	61	63	62	60	57	61	58
VERY IMPORTANT	N	130	136	144	150	321	307	375	331
	%	33	35	34	36	36	39	36	39
SOMEWHAT IMPORTANT	N	12	12	10	8	34	25	27	24
	%	3	3	2	2	4	3	3	3
NOT VERY IMPORTANT	N	1	0	2	0	4	5	4	1
	%	0	0	0	0	0	1	0	0
NOT AT ALL IMPORTANT	N	0	1	0	0	2	2	1	0
	%	0	0	0	0	0	0	0	0
DON'T KNOW	N	0	0	0	1	2	0	2	2
	%	0	0	0	0	0	0	0	0

3/2. HOW IMPORTANT IS BEING ABLE TO SEE A SPECIALIST WHEN YOU THINK YOU NEED TO?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
EXTREMELY IMPORTANT	N	204	181	207	199	442	351	485	375
	%	52	47	49	48	49	45	47	44
VERY IMPORTANT	N	155	173	184	172	386	360	467	378
	%	39	45	43	41	43	46	45	45
SOMEWHAT IMPORTANT	N	32	27	31	41	69	68	80	82
	%	8	7	7	10	8	9	8	10
NOT VERY IMPORTANT	N	3	3	2	4	5	4	8	6
	%	1	1	0	1	1	1	1	1
NOT AT ALL IMPORTANT	N	1	1	0	1	0	1	1	1
	%	0	0	0	0	0	0	0	0
DON'T KNOW	N	1	0	0	0	1	1	0	2
	%	0	0	0	0	0	0	0	0

4/3. HOW IMPORTANT IS THE LENGTH OF TIME BETWEEN MAKING AN APPOINTMENT AND ACTUALLY GETTING IN TO SEE THE DOCTOR?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	92	93	112	108	176	160	272	176
	%	23	24	26	26	19	20	26	21
VERY IMPORTANT	N	216	204	232	232	535	412	573	495
	%	55	53	55	56	59	52	55	59
SOMEWHAT IMPORTANT	N	79	82	73	72	170	203	179	152
	%	20	21	17	17	19	26	17	18
NOT VERY IMPORTANT	N	6	2	3	5	14	7	11	9
	%	2	1	1	1	2	1	1	1
NOT AT ALL IMPORTANT	N	2	0	0	0	2	0	1	2
	%	1	0	0	0	0	0	0	0
DON'T KNOW	N	1	4	4	0	6	3	5	10
	%	0	1	1	0	1	0	0	1

5/4. HOW IMPORTANT ARE THE HOURS THAT YOUR USUAL DOCTOR'S OFFICES AND CLINICS ARE OPEN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	39	44	60	47	89	62	135	92
	%	10	11	14	11	10	8	13	11
VERY IMPORTANT	N	182	165	199	197	452	356	546	410
	%	46	43	47	47	50	45	52	49
SOMEWHAT IMPORTANT	N	147	152	144	151	304	318	328	300
	%	37	39	34	36	34	41	32	36
NOT VERY IMPORTANT	N	20	21	17	20	44	44	26	29
	%	5	5	4	5	5	6	2	3
NOT AT ALL IMPORTANT	N	7	3	2	1	8	4	3	7
	%	2	1	0	0	1	1	0	1
DON'T KNOW	N	1	0	2	1	6	1	3	6
	%	0	0	0	0	1	0	0	1

6/5. HOW IMPORTANT IS THE QUALITY OF THE CUSTOMER SERVICE YOU GET FROM YOUR HEALTH PLAN, INCLUDING HOW WELL THE PLAN EXPLAINS THINGS AND HOW WELL MEMBER SERVICES HANDLES ANY QUESTIONS OR PROBLEMS YOU MIGHT HAVE?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	98	103	113	125	226	208	292	222
	%	25	27	27	30	25	26	28	26
VERY IMPORTANT	N	226	206	235	210	506	428	565	475
	%	57	54	55	50	56	55	54	56
SOMEWHAT IMPORTANT	N	68	69	69	77	151	136	169	133
	%	17	18	16	18	17	17	16	16
NOT VERY IMPORTANT	N	4	6	7	2	9	9	12	13
	%	1	2	2	0	1	1	1	2
NOT AT ALL IMPORTANT	N	0	1	0	2	2	0	1	0
	%	0	0	0	0	0	0	0	0
DON'T KNOW	N	0	0	0	1	9	4	2	1
	%	0	0	0	0	1	1	0	0

7/6. HOW IMPORTANT IS IT FOR YOUR HEALTH PLAN TO OFFER PROGRAMS FOR ITS MEMBERS THAT HELP THEM DEAL WITH STRESS, IMPROVE THEIR NUTRITION, STOP SMOKING, AND SO ON?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
EXTREMELY IMPORTANT	N	30	34	35	39	54	50	64	42
	%	8	9	8	9	6	6	6	5
VERY IMPORTANT	N	100	121	99	81	226	214	223	201
	%	25	31	23	19	25	27	21	24
SOMEWHAT IMPORTANT	N	184	142	211	207	415	332	506	405
	%	46	37	50	50	46	42	49	48
NOT VERY IMPORTANT	N	64	73	67	73	174	146	204	160
	%	16	19	16	18	19	19	20	19
NOT AT ALL IMPORTANT	N	18	15	11	15	32	40	43	35
	%	5	4	3	4	4	5	4	4
DON'T KNOW	N	0	0	1	2	2	3	1	1
	%	0	0	0	0	0	0	0	0



8/7. HOW IMPORTANT IS IT KEEPING THE AMOUNT OF THE HEALTH INSURANCE PREMIUM THAT YOU PERSONALLY HAVE TO PAY AS SMALL AS POSSIBLE?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	169	136	165	150	328	253	415	291
	%	43	35	39	36	36	32	40	34
VERY IMPORTANT	N	139	147	187	171	358	345	434	351
	%	35	38	44	41	40	44	42	42
SOMEWAT IMPORTANT	N	77	85	65	83	193	160	170	172
	%	19	22	15	20	21	20	16	20
NOT VERY IMPORTANT	N	10	13	6	12	20	18	17	24
	%	3	3	1	3	2	2	2	3
NOT AT ALL IMPORTANT	N	1	4	0	1	4	7	3	4
	%	0	1	0	0	0	1	0	0
DON'T KNOW	N	0	0	1	0	0	2	2	2
	%	0	0	0	0	0	0	0	0

9/8. HOW IMPORTANT IS IT KEEPING WHAT YOU PERSONALLY HAVE TO PAY FOR CO-PAYMENTS AND OTHER OUT-OF-POCKET COSTS AS SMALL AS POSSIBLE?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
		N	%	N	%	N	%	N	%	
EXTREMELY IMPORTANT		N	165	139	177	136	315	250	406	268
		%	42	36	42	33	35	32	39	32
VERY IMPORTANT		N	145	158	181	198	400	362	436	393
		%	37	41	43	47	44	46	42	47
SOMEWHAT IMPORTANT		N	78	77	59	77	176	156	186	166
		%	20	20	14	18	19	20	18	20
NOT VERY IMPORTANT		N	5	9	6	4	10	15	9	13
		%	1	2	1	1	1	2	1	2
NOT AT ALL IMPORTANT		N	2	1	0	1	0	2	1	3
		%	1	0	0	0	0	0	0	0
DON'T KNOW		N	1	1	1	1	2	0	3	1
		%	0	0	0	0	0	0	0	0

/9. HOW IMPORTANT IS THE CHOICE OF HOSPITALS FOR MATERNITY CARE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	55	73	111	86
	%	6	9	11	10
VERY IMPORTANT	N	88	119	217	189
	%	10	15	21	22
SOMEWHAT IMPORTANT	N	102	89	179	161
	%	11	11	17	19
NOT VERY IMPORTANT	N	79	61	118	91
	%	9	8	11	11
NOT AT ALL IMPORTANT	N	166	146	225	187
	%	18	19	22	22
NOT APPLICABLE	N	90	71	96	87
	%	10	9	9	10
DON'T KNOW	N	0	2	4	2
	%	0	0	0	0
MISSING	N	323	224	91	41
	%	36	29	9	5

10/10. PLEASE RATE THE OVERALL QUALITY OF GROUP HEALTH		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
1 - LOW QUALITY		N	37	31	20	15	64	52	49	38
		%	9	8	5	4	7	7	5	5
2		N	16	14	16	21	29	31	28	26
		%	4	4	4	5	3	4	3	3
3		N	17	26	17	29	50	40	39	35
		%	4	7	4	7	6	5	4	4
4		N	20	25	19	27	60	41	55	45
		%	5	6	4	6	7	5	5	5
5 - AVERAGE QUALITY		N	52	55	44	43	102	102	119	103
		%	13	14	10	10	11	13	11	12
6		N	30	22	21	18	41	39	61	53
		%	8	6	5	4	5	5	6	6
7		N	47	45	54	59	96	105	124	102
		%	12	12	13	14	11	13	12	12

(CONTINUED)

10/10. PLEASE RATE THE OVERALL QUALITY OF GROUP HEALTH		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
8		N  63	68	112	90	146	135	191	171
		%  16	18	26	22	16	17	18	20
9		N  26	24	39	33	49	51	95	96
		%  7	6	9	8	5	6	9	11
10 - HIGH QUALITY		N  31	24	27	29	49	47	69	57
		%  8	6	6	7	5	6	7	7
CAN'T RATE		N  51	45	49	42	188	125	197	106
		%  13	12	12	10	21	16	19	13
DON'T KNOW		N  6	6	6	11	29	17	14	10
		%  2	2	1	3	3	2	1	1
REFUSED		N  0	0	0	0	0	0	0	2
		%  0	0	0	0	0	0	0	0

/11. PLEASE RATE THE OVERALL QUALITY OF HEALTHPARTNERS.		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
LOW QUALITY	N	9	6	5	9
	%	1	1	0	1
2	N	10	6	3	6
	%	1	1	0	1
3	N	9	13	9	12
	%	1	2	1	1
4	N	10	15	17	12
	%	1	2	2	1
AVERAGE QLTY	N	76	69	71	57
	%	8	9	7	7
6	N	41	20	40	39
	%	5	3	4	5
7	N	62	62	66	93
	%	7	8	6	11

(CONTINUED)

/11. PLEASE RATE THE OVERALL QUALITY OF HEALTHPARTNERS.		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
8	N	87	126	132	163
	%	10	16	13	19
9	N	39	41	73	64
	%	4	5	7	8
HIGH QUALITY	N	42	42	39	46
	%	5	5	4	5
CAN'T RATE	N	457	333	526	302
	%	51	42	51	36
DON'T KNOW	N	60	52	60	40
	%	7	7	6	5
REFUSED	N	1	0	0	1
	%	0	0	0	0

11/ . PLEASE RATE THE OVERALL QUALITY OF MEDCENTERS		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
LOW QUALITY	N	4	0	2	3
	%	1	0	0	1
2	N	0	0	2	4
	%	0	0	0	1
3	N	8	3	2	2
	%	2	1	0	0
4	N	3	5	8	10
	%	1	1	2	2
AVERAGE QLTY	N	25	19	27	31
	%	6	5	6	7
6	N	13	12	11	18
	%	3	3	3	4
7	N	14	31	25	29
	%	4	8	6	7

(CONTINUED)



11/_. PLEASE RATE THE OVERALL QUALITY OF MEDCENTERS		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
8	N	28	28	35	28
	%	7	7	8	7
9	N	12	14	12	18
	%	3	4	3	4
HIGH QUALITY	N	9	8	11	7
	%	2	2	3	2
CAN'T RATE	N	244	231	255	225
	%	62	60	60	54
DON'T KNOW	N	35	34	34	42
	%	9	9	8	10
REFUSED	N	1	0	0	0
	%	0	0	0	0

12/12. PLEASE RATE THE OVERALL QUALITY OF MEDICA PRIMARY.		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
1 - LOW QUALITY		N	5	1	0	4	7	7	9	3
		%	1	0	0	1	1	1	1	0
2		N	1	4	4	2	7	6	2	2
		%	0	1	1	0	1	1	0	0
3		N	5	2	5	6	8	12	9	10
		%	1	1	1	1	1	2	1	1
4		N	11	7	6	8	19	14	9	15
		%	3	2	1	2	2	2	1	2
5 - AVERAGE QUALITY		N	38	31	23	41	91	68	85	75
		%	10	8	5	10	10	9	8	9
6		N	12	28	12	17	45	51	47	43
		%	3	7	3	4	5	6	5	5
7		N	27	23	23	30	59	69	58	64
		%	7	6	5	7	7	9	6	8

(CONTINUED)

12/12. PLEASE RATE THE OVERALL QUALITY OF MEDICA PRIMARY.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
8	N	24	36	25	32	78	73	93	70
	%	6	9	6	8	9	9	9	8
9	N	10	8	10	6	29	18	26	18
	%	3	2	2	1	3	2	2	2
10 - HIGH QUALITY	N	13	10	8	7	25	21	31	22
	%	3	3	2	2	3	3	3	3
CAN'T RATE	N	219	195	270	228	479	387	616	459
	%	55	51	64	55	53	49	59	54
DON'T KNOW	N	30	40	38	36	56	59	56	62
	%	8	10	9	9	6	8	5	7
REFUSED	N	1	0	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0

13/13. PLEASE RATE THE OVERALL QUALITY OF STATE HEALTH PLAN.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
1 - LOW QUALITY		N	2	1	2	3	8	9	9
		%	1	0	0	1	1	1	1
2		N	2	1	1	6	10	5	17
		%	1	0	0	1	1	1	2
3		N	5	6	7	12	16	7	20
		%	1	2	2	3	2	1	2
4		N	7	9	9	8	24	15	33
		%	2	2	2	2	3	2	3
5 - AVERAGE QUALITY		N	35	27	34	21	79	74	94
		%	9	7	8	5	9	9	8
6		N	16	16	18	13	29	29	34
		%	4	4	4	3	3	4	3
7		N	20	28	26	35	49	45	46
		%	5	7	6	8	5	6	4

(CONTINUED)

13/13. PLEASE RATE THE OVERALL QUALITY OF STATE HEALTH PLAN.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
8		N  46	41	41	40	41	57	75	59
		%  12	11	10	10	5	7	7	7
9		N  12	18	20	21	27	13	26	25
		%  3	5	5	5	3	2	2	3
10 - HIGH QUALITY		N  21	8	12	9	35	25	33	22
		%  5	2	3	2	4	3	3	3
CAN'T RATE		N  194	191	223	216	512	446	589	469
		%  49	50	53	52	57	57	57	56
DON'T KNOW		N  36	39	31	33	73	60	65	61
		%  9	10	7	8	8	8	6	7
REFUSED		N  0	0	0	0	0	0	0	1
		%  0	0	0	0	0	0	0	0

/14. PLEASE RATE THE OVERALL QUALITY OF STATE HEALTH PLAN SELECT.		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
1 - LOW QUALITY	N	15	9	14	9
	%	2	1	1	1
2	N	4	6	20	6
	%	0	1	2	1
3	N	12	5	26	15
	%	1	1	2	2
4	N	21	13	19	21
	%	2	2	2	2
5 - AVERAGE QUALITY	N	73	53	70	60
	%	8	.7	7	7
6	N	26	27	34	30
	%	3	3	3	4
7	N	32	31	45	49
	%	4	4	4	6

(CONTINUED)

		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
8	N	33	25	55	27
	%	4	3	5	3
9	N	17	9	22	24
	%	2	1	2	3
10 - HIGH QUALITY	N	17	11	32	9
	%	2	1	3	1
CAN'T RATE	N	566	512	628	518
	%	63	65	60	61
DON'T KNOW	N	87	84	76	75
	%	10	11	7	9
REFUSED	N	0	0	0	1
	%	0	0	0	0

14/15. PLEASE RATE THE OVERALL QUALITY OF MEDICA PREMIER.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
1 - LOW QUALITY	N	2	2	1	3	5	5	6	6
	%	1	1	0	1	1	1	1	1
2	N	1	0	1	3	1	2	1	5
	%	0	0	0	1	0	0	0	1
3	N	6	0	0	5	8	3	7	7
	%	2	0	0	1	1	0	1	1
4	N	6	3	8	3	13	7	6	10
	%	2	1	2	1	1	1	1	1
5 - AVERAGE QUALITY	N	14	22	17	27	78	48	64	53
	%	4	6	4	6	9	6	6	6
6	N	10	14	9	14	36	37	49	20
	%	3	4	2	3	4	5	5	2
7	N	22	30	30	35	85	83	80	81
	%	6	8	7	8	9	11	8	10

(CONTINUED)



14/15. PLEASE RATE THE OVERALL QUALITY OF MEDICA PREMIER.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
8	N	45	63	39	61	141	128	120	129
	%	11	16	9	15	16	16	12	15
9	N	22	30	15	21	53	75	88	62
	%	6	8	4	5	6	10	8	7
10 - HIGH QUALITY	N	20	23	8	11	70	62	53	43
	%	5	6	2	3	8	8	5	5
CAN'T RATE	N	215	163	261	199	375	294	518	379
	%	54	42	62	48	42	37	50	45
DON'T KNOW	N	32	34	35	35	38	41	49	49
	%	8	9	8	8	4	5	5	6
REFUSED	N	1	1	0	0	0	0	0	0
	%	0	0	0	0	0	0	0	0

15/16. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR GROUP HEALTH.		PRE						POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY			
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF		
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN		
1 - LOW COST		N	58	51	41	57	78	77	54	78	
		%	15	13	10	14	9	10	5	9	
2		N	46	48	55	52	60	62	75	75	
		%	12	12	13	12	7	8	7	9	
3		N	65	54	58	59	81	79	105	109	
		%	16	14	14	14	9	10	10	13	
4		N	31	38	49	36	56	58	82	67	
		%	8	10	12	9	6	7	8	8	
5 - AVERAGE COST		N	81	73	93	82	163	143	225	196	
		%	20	19	22	20	18	18	22	23	
6		N	12	17	13	15	36	29	54	37	
		%	3	4	3	4	4	4	5	4	
7		N	9	8	16	22	38	42	54	41	
		%	2	2	4	5	4	5	5	5	

(CONTINUED)

15/16. PLEASE RATE THE OVERALL COST FOR GROUP HEALTH.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
8		N	4	8	13	8	41	37	78
		%	1	2	3	2	5	5	7
9		N	2	1	7	3	18	18	23
		%	1	0	2	1	2	2	2
10 - HIGH COST		N	4	2	6	6	14	24	23
		%	1	1	1	1	2	3	2
CAN'T RATE		N	73	68	67	64	283	186	239
		%	18	18	16	15	31	24	23
DON'T KNOW		N	11	17	6	13	35	30	29
		%	3	4	1	3	4	4	3
REFUSED		N	0	0	0	0	0	0	0
		%	0	0	0	0	0	0	0

16/ . PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR MEDCENTERS.		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
LOW COST	N	4	3	2	2
	%	1	1	0	0
2	N	4	2	2	0
	%	1	1	0	0
3	N	5	11	4	14
	%	1	3	1	3
4	N	8	16	9	7
	%	2	4	2	2
AVERAGE COST	N	52	37	58	52
	%	13	10	14	12
6	N	12	11	14	15
	%	3	3	3	4
7	N	19	14	24	28
	%	5	4	6	7

(CONTINUED)

16/ . PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR MEDCENTERS.		PRE			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
8	N	10	16	17	19
	%	3	4	4	5
9	N	0	2	1	2
	%	0	1	0	0
HIGH COST	N	6	6	11	7
	%	2	2	3	2
CAN'T RATE	N	233	210	251	225
	%	59	55	59	54
DON'T KNOW	N	43	57	31	46
	%	11	15	7	11

/17. PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR HEALTHPARTNERS.		POST				
		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	
LOW COST		N	24	30	24	36
		%	3	4	2	4
2		N	22	24	26	29
		%	2	3	2	3
3		N	39	43	37	72
		%	4	5	4	9
4		N	19	38	31	37
		%	2	5	3	4
AVERAGE COST		N	112	116	140	159
		%	12	15	13	19
6		N	42	25	52	43
		%	5	3	5	5
7		N	47	18	56	42
		%	5	2	5	5

(CONTINUED)

		/17. PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR HEALTHPARTNERS.				POST			
		INDIVIDUAL		FAMILY					
		STATE OF MN	U OF MN	STATE OF MN	U OF MN				
8		N	29	32	52	37			
		%	3	4	5	4			
9		N	8	11	9	12			
		%	1	1	1	1			
HIGH COST		N	14	12	19	16			
		%	2	2	2	2			
CAN'T RATE		N	473	372	533	309			
		%	52	47	51	37			
DON'T KNOW		N	74	64	62	51			
		%	8	8	6	6			
REFUSED		N	0	0	0	1			
		%	0	0	0	0			

17/18. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR MEDICA PRIMARY.		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
1 - LOW COST		N	13	13	8	10	28	28	13	14
		8	3	3	2	2	3	4	1	2
2		N	6	9	3	7	17	17	12	15
		8	2	2	1	2	2	2	1	2
3		N	10	18	7	22	30	28	25	23
		8	3	5	2	5	3	4	2	3
4		N	13	15	14	16	25	17	28	26
		8	3	4	3	4	3	2	3	3
5 - AVERAGE COST		N	62	53	44	47	119	106	130	101
		8	16	14	10	11	13	14	12	12
6		N	11	9	8	23	31	26	35	36
		8	3	2	2	6	3	3	3	4
7		N	13	11	14	17	32	29	49	40
		8	3	3	3	4	4	4	5	5

(CONTINUED)



17/18. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR MEDICA PRIMARY.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
8	N	6	6	14	17	16	19	45	33
	%	2	2	3	4	2	2	4	4
9	N	1	3	6	3	8	9	16	9
	%	0	1	1	1	1	1	2	1
10 - HIGH COST	N	3	5	4	6	11	13	9	15
	%	1	1	1	1	1	2	1	2
CAN'T RATE	N	218	195	268	210	522	439	618	462
	%	55	51	63	50	58	56	59	55
DON'T KNOW	N	40	48	34	39	64	54	61	69
	%	10	12	8	9	7	7	6	8
REFUSED	N	0	0	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0

18/19. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR STATE HEALTH PLAN.		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
1 - LOW COST		N	10	7	9	5	20	16	31	14
		%	3	2	2	1	2	2	3	2
2		N	4	8	5	12	8	11	22	12
		%	1	2	1	3	1	1	2	1
3		N	14	15	17	4	25	15	35	31
		%	4	4	4	1	3	2	3	4
4		N	14	7	15	9	13	19	19	21
		%	4	2	4	2	1	2	2	2
5 - AVERAGE COST		N	72	58	54	49	105	80	112	78
		%	18	15	13	12	12	10	11	9
6		N	11	15	11	17	22	16	29	34
		%	3	4	3	4	2	2	3	4
7		N	21	19	25	33	36	27	58	40
		%	5	5	6	8	4	3	6	5

(CONTINUED)

18/19. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR STATE HEALTH PLAN.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
8	N	15	17	29	25	28	24	43	36
	%	4	4	7	6	3	3	4	4
9	N	5	3	11	14	12	14	21	18
	%	1	1	3	3	1	2	2	2
10 - HIGH COST	N	15	13	18	17	19	18	44	19
	%	4	3	4	4	2	2	4	2
CAN'T RATE	N	179	181	211	196	549	481	574	471
	%	45	47	50	47	61	61	55	56
DON'T KNOW	N	35	41	19	36	66	64	53	69
	%	9	11	4	9	7	8	5	8
REFUSED	N	1	1	0	0	0	0	0	1
	%	0	0	0	0	0	0	0	0

/20. PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR STATE HEALTH PLAN SELECT.		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
1 - LOW COST		N	42	10	59
		%	5	1	6
2		N	25	8	39
		%	3	1	4
3		N	16	17	49
		%	2	2	5
4		N	14	11	28
		%	2	1	3
5 - AVERAGE COST		N	66	51	85
		%	7	6	8
6		N	11	25	27
		%	1	3	3
7		N	24	18	46
		%	3	2	4

(CONTINUED)

/20. PLEASE RATE THE OVERALL COST THAT THE EMPLOYEE HAS TO PAY FOR STATE HEALTH PLAN SELECT.		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
8	N	31	20	35	24
	%	3	3	3	3
9	N	6	6	13	10
	%	1	1	1	1
10 - HIGH COST	N	11	18	21	12
	%	1	2	2	1
CAN'T RATE	N	579	525	574	502
	%	64	67	55	59
DON'T KNOW	N	78	76	64	77
	%	9	10	6	9
REFUSED	N	0	0	1	1
	%	0	0	0	0

19/21. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR MEDICA PREMIER.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
1 - LOW COST		N	16	39	12	25	73	79	29
		%	4	10	3	6	8	10	3
2		N	5	13	5	10	40	35	20
		%	1	3	1	2	4	4	2
3		N	6	20	11	11	38	31	50
		%	2	5	3	3	4	4	5
4		N	9	17	4	13	31	25	37
		%	2	4	1	3	3	3	4
5 - AVERAGE COST		N	46	51	32	45	112	113	124
		%	12	13	8	11	12	14	12
6		N	10	14	17	14	41	23	52
		%	3	4	4	3	5	3	5
7		N	27	17	22	37	47	45	61
		%	7	4	5	9	5	6	6

(CONTINUED)

19/21. PLEASE RATE THE OVERALL COST THE EMPLOYEE HAS TO PAY FOR MEDICA PREMIER.		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
8		N	13	16	18	21	48	41	69	59
		%	3	4	4	5	5	5	7	7
9		N	6	2	6	5	16	19	30	15
		%	2	1	1	1	2	2	3	2
10 - HIGH COST		N	9	9	10	13	26	23	19	20
		%	2	2	2	3	3	3	2	2
CAN'T RATE		N	205	160	258	189	390	305	508	374
		%	52	42	61	45	43	39	49	44
DON'T KNOW		N	44	27	29	34	41	46	42	50
		%	11	7	7	8	5	6	4	6
REFUSED		N	0	0	0	0	0	0	0	1
		%	0	0	0	0	0	0	0	0

20/22. OVERALL, HOW MUCH DO YOU FEEL YOU KNOW ABOUT THE HEALTH PLANS OFFERED BY THE STATE/UNIVERSITY TO EMPLOYEES IN THE TWIN CITIES METRO AREA AND HOW THESE PLANS COMPARE WITH EACH OTHER?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
A GREAT DEAL	N	23	21	16	36	43	43	75	68
	%	6	5	4	9	5	5	7	8
A FAIR AMOUNT	N	137	143	167	181	360	300	473	359
	%	35	37	39	43	40	38	45	43
A LITTLE	N	141	151	164	146	305	292	333	293
	%	36	39	39	35	34	37	32	35
ALMOST NOTHING AT ALL/NOTHING	N	95	69	76	52	191	147	156	120
	%	24	18	18	12	21	19	15	14
DON'T KNOW	N	0	1	1	2	4	3	4	4
	%	0	0	0	0	0	0	0	0



21/ . HOW HARD OR EASY DO YOU THINK IT IS FOR AN EMPLOYEE LIKE YOURSELF TO JUDGE THE QUALITY OF THESE HEALTH PLANS?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY EASY	N	28	30	23	34
	%	7	8	5	8
EASY	N	140	127	146	146
	%	35	33	34	35
HARD	N	171	185	193	188
	%	43	48	46	45
VERY HARD	N	53	36	59	43
	%	13	9	14	10
NEITHER HARD NOR EASY	N	3	5	1	3
	%	1	1	0	1
IT DEPENDS	N	1	1	1	2
	%	0	0	0	0
DON'T KNOW	N	0	1	1	1
	%	0	0	0	0

22/ . WHEN YOU ARE TRYING TO PICK A HEALTH PLAN, HOW MUCH INFORMATION WOULD YOU RATHER HAVE?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
AS MUCH	N	250	234	259	266
INFORMATION AS					
POSSIBLE	%	63	61	61	64
AS LITTLE AS	N	16	15	12	17
NEEDED TO MAKE					
THE DECISION	%	4	4	3	4
SOMETHING	N	130	134	151	133
IN-BETWEEN					
	%	33	35	36	32
DON'T KNOW	N	0	2	2	1
	%	0	1	0	0

23/ . IF ANY OF YOUR DOCTORS WERE TO LEAVE YOUR HEALTH PLAN, DO YOU THINK YOU WOULD TRY TO CHANGE HEALTH PLANS TO STAY WITH THIS DOCTOR, OR STAY WITH YOUR CURRENT HEALTH PLAN AND FIND ANOTHER DOCTOR?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
TRY TO CHANGE PLANS TO STAY WITH THE DOCTOR	N %	131 33	153 40	131 31	134 32
STAY WITH CURRENT HEALTH PLAN	N %	256 65	227 59	291 69	279 67
DON'T KNOW	N %	9 2	5 1	2 0	4 1

24/24. HOW SATISFIED ARE YOU WITH THE QUALITY OF THE DOCTORS WHO ARE AVAILABLE TO YOU THROUGH YOUR HEALTH PLAN?	PRE				POST			
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
	N	%	N	%	N	%	N	%
VERY SATISFIED	183	46	169	44	203	49	223	57
SATISFIED	181	46	185	48	203	41	174	39
DISSATISFIED	17	4	12	3	14	4	16	2
VERY DISSATISFIED	7	2	5	1	3	1	6	1
NEITHER SATISFIED NOR DISSATISFIED	2	1	6	2	0	0	4	1
DON'T KNOW	6	2	8	2	1	1	4	0

25/25. HOW SATISFIED ARE YOU WITH BEING ABLE TO GET A REFERRAL TO A SPECIALIST?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY SATISFIED	N	97	102	129	159	102	119	153	175
	%	24	26	30	38	26	31	36	42
SATISFIED	N	74	80	129	115	64	67	122	105
	%	19	21	30	28	16	17	29	25
DISSATISFIED	N	26	24	46	32	27	13	21	35
	%	7	6	11	8	7	3	5	8
VERY DISSATISFIED	N	13	9	14	11	9	9	13	6
	%	3	2	3	3	2	2	3	1
NEITHER SATISFIED NOR DISSATISFIED	N	2	0	1	1	2	1	2	1
	%	1	0	0	0	1	0	0	0
NO SPECIALIST/ NO APPTS/ NO CONTACT	N	183	170	102	99	190	174	112	95
	%	46	44	24	24	48	45	26	23
DON'T KNOW	N	1	0	3	0	2	2	1	0
	%	0	0	1	0	1	1	0	0

26/26. HOW SATISFIED ARE YOU WITH THE LENGTH OF TIME BETWEEN MAKING AN APPOINTMENT AND ACTUALLY GETTING IN TO SEE THE DOCTOR?		PRE								POST							
		INDIVIDUAL				FAMILY				INDIVIDUAL				FAMILY			
		STATE		U OF		STATE		U OF		STATE		U OF		STATE		U OF	
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
VERY SATISFIED		N	128	109	156	148	158	146	172	178							
		%	32	28	37	35	40	38	41	43							
SATISFIED		N	191	179	206	212	165	176	215	194							
		%	48	46	49	51	42	46	51	47							
DISSATISFIED		N	32	45	48	43	30	28	28	32							
		%	8	12	11	10	8	7	7	8							
VERY DISSATISFIED		N	9	9	5	8	1	5	2	5							
		%	2	2	1	2	0	1	0	1							
NEITHER SATISFIED NOR DISSATISFIED		N	3	3	4	2	1	0	0	0							
		%	1	1	1	0	0	0	0	0							
NO SPECIALIST/ NO APPTS/ NO CONTACT		N	30	40	4	3	40	30	6	7							
		%	8	10	1	1	10	8	1	2							
DON'T KNOW		N	3	0	1	1	1	0	1	1							
		%	1	0	0	0	0	0	0	0							

27/27. HOW SATISFIED ARE YOU WITH THE HOURS THAT YOUR USUAL DOCTOR'S OFFICES AND CLINICS ARE OPEN?		PRE						POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY			
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN		
		N	%	N	%	N	%	N	%		
VERY SATISFIED	N	130	106	150	127	153	127	146	153		
	%	33	28	35	30	39	33	34	37		
SATISFIED	N	251	237	253	257	230	237	263	235		
	%	63	62	60	62	58	62	62	56		
DISSATISFIED	N	10	30	19	27	8	12	13	23		
	%	3	8	4	6	2	3	3	6		
VERY DISSATISFIED	N	1	3	0	4	0	1	1	4		
	%	0	1	0	1	0	0	0	1		
NEITHER SATISFIED NOR DISSATISFIED	N	1	2	1	1	3	1	0	1		
	%	0	1	0	0	1	0	0	0		
DON'T KNOW	N	3	7	1	1	2	7	1	1		
	%	1	2	0	0	1	2	0	0		

28/28. HOW SATISFIED ARE YOU WITH THE QUALITY OF CUSTOMER SERVICE YOU HAVE RECEIVED FROM YOUR HEALTH PLAN, INCLUDING HOW WELL THE PLAN EXPLAINED THINGS AND HOW WELL MEMBER SERVICES HANDLED ANY QUESTIONS OR PROBLEMS YOU HAVE HAD?	PRE				POST				
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
VERY SATISFIED	N	115	114	127	137	121	144	147	129
	%	29	30	30	33	31	37	35	31
SATISFIED	N	241	230	249	228	224	206	242	242
	%	61	60	59	55	57	54	57	58
DISSATISFIED	N	24	16	34	31	28	20	20	27
	%	6	4	8	7	7	5	5	6
VERY DISSATISFIED	N	3	6	3	7	5	4	3	6
	%	1	2	1	2	1	1	1	1
NEITHER SATISFIED NOR DISSATISFIED	N	4	5	2	3	2	1	0	0
	%	1	1	0	1	1	0	0	0
NO SPECI.ALIST/ NO APPTS/ NO CONTACT	N	8	11	8	10	13	6	11	12
	%	2	3	2	2	3	2	3	3
DON'T KNOW	N	1	3	1	1	3	4	1	1
	%	0	1	0	0	1	1	0	0



29/29. HOW SATISFIED ARE YOU WITH THE AMOUNT OF HEALTH INSURANCE PREMIUM THAT YOU PERSONALLY HAVE TO PAY THROUGH PAYROLL DEDUCTION?		PRE						POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY			
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN		
		N	%	N	%	N	%	N	%		
VERY SATISFIED		N	99	143	93	135	106	157	84	129	
		%	25	37	22	32	27	41	20	31	
SATISFIED		N	251	206	274	235	252	202	292	247	
		%	63	54	65	56	64	52	69	59	
DISSATISFIED		N	42	29	49	42	33	21	44	33	
		%	11	8	12	10	8	5	10	8	
VERY DISSATISFIED		N	2	4	7	4	3	3	2	4	
		%	1	1	2	1	1	1	0	1	
NEITHER SATISFIED NOR DISSATISFIED		N	1	1	1	1	0	1	1	3	
		%	0	0	0	0	0	0	0	1	
DON'T KNOW		N	1	2	0	0	2	1	1	0	
		%	0	1	0	0	1	0	0	0	
REFUSED		N	0	0	0	0	0	0	0	1	
		%	0	0	0	0	0	0	0	0	

30/30. HOW SATISFIED ARE YOU WITH WHAT YOU HAVE TO PAY FOR CO-PAYMENTS AND OTHER OUT-OF- POCKET COSTS?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
VERY SATISFIED		N	76	113	101	130	107	118	117	163
		%	19	29	24	31	27	31	28	39
SATISFIED		N	278	235	280	236	246	241	281	224
		%	70	61	66	57	62	63	66	54
DISSATISFIED		N	28	21	35	41	30	16	23	23
		%	7	5	8	10	8	4	5	6
VERY DISSATISFIED		N	3	3	7	5	4	4	1	3
		%	1	1	2	1	1	1	0	1
NEITHER SATISFIED NOR DISSATISFIED		N	2	5	1	3	4	3	2	1
		%	1	1	0	1	1	1	0	0
DON'T KNOW		N	9	8	0	2	5	3	0	2
		%	2	2	0	0	1	1	0	0
REFUSED		N	0	0	0	0	0	0	0	1
		%	0	0	0	0	0	0	0	0

31/31. ALL THINGS CONSIDERED, HOW SATISFIED ARE YOU WITH YOUR 1995 HEALTH PLAN?	PRE				POST			
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY SATISFIED	N  153	149	180	186	411	389	514	438
	%  39	39	42	45	46	50	49	52
SATISFIED	N  208	205	219	202	417	346	466	355
	%  53	53	52	48	46	44	45	42
DISSATISFIED	N  31	18	18	19	47	37	47	35
	%  8	5	4	5	5	5	5	4
VERY DISSATISFIED	N  3	7	4	6	12	8	12	13
	%  1	2	1	1	1	1	1	2
NEITHER SATISFIED NOR DISSATISFIED	N  1	2	3	3	8	4	1	1
	%  0	1	1	1	1	1	0	0
DON'T KNOW	N  0	4	0	1	8	1	1	2
	%  0	1	0	0	1	0	0	0

32/ . ARE YOU THINKING ABOUT POSSIBLY SWITCHING TO A DIFFERENT PLAN THIS FALL DURING OPEN ENROLLMENT?		PRE			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	70	64	59	56
	%	18	17	14	13
NO	N	260	264	289	293
	%	66	69	68	70
MAYBE/DEPENDS	N	59	50	67	63
	%	15	13	16	15
DON'T KNOW	N	7	7	9	5
	%	2	2	2	1

33/ . WHAT IS THE MAIN REASON YOU MIGHT CONSIDER SWITCHING?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
COVERAGE	N	14	12	22	13
	%	4	3	5	3
COST	N	39	26	37	38
	%	10	7	9	9
QUALITY	N	15	11	17	10
	%	4	3	4	2
CONVENIENCE	N	6	9	4	7
	%	2	2	1	2
DOCTORS	N	31	33	24	36
	%	8	9	6	9
SOME OTHER REASON	N	23	20	18	14
	%	6	5	4	3
DON'T KNOW	N	1	3	4	1
	%	0	1	1	0
NOT APPLICABLE	N	267	271	298	298
	%	67	70	70	71

/46. DURING THIS PAST OPEN ENROLLMENT, HOW MUCH DID YOU CONSIDER SWITCHING TO ANOTHER PLAN?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
A LOT	N	35	29	53	37
	%	4	4	5	4
A FAIR AMOUNT	N	100	77	129	79
	%	11	10	12	9
A LITTLE	N	255	206	244	222
	%	28	26	23	26
NOT AT ALL	N	304	314	300	304
	%	34	40	29	36
DON'T KNOW	N	1	3	1	0
	%	0	0	0	0
MISSING	N	208	156	314	202
	%	23	20	30	24

34/32. HOW OFTEN DO YOU GENERALLY THINK ABOUT YOUR OWN HEALTH?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NEVER	N	9	5	2	0	7	2	4	2
	%	2	1	0	0	1	1	1	0
RARELY	N	38	33	52	38	32	34	49	25
	%	10	9	12	9	6	9	8	6
SOMETIMES	N	116	130	129	152	178	136	234	159
	%	29	34	30	36	35	34	38	37
OFTEN	N	154	146	167	151	185	143	226	171
	%	39	38	39	36	36	36	37	40
VERY OFTEN	N	78	71	74	74	104	84	104	70
	%	20	18	17	18	21	21	17	16
DON'T KNOW	N	1	0	0	2	1	1	0	0
	%	0	0	0	0	0	0	0	0

35/33. HOW OFTEN DO YOU TALK WITH YOUR FAMILY AND FRIENDS ABOUT YOUR HEALTH OR THE HEALTH OF YOUR FAMILY?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NEVER	N	8	13	8	4	19	13	9	3
	%	2	3	2	1	4	3	1	1
RARELY	N	95	79	71	77	86	56	101	68
	%	24	21	17	18	17	14	16	16
SOMETIMES	N	165	160	186	158	213	167	258	184
	%	42	42	44	38	42	42	42	43
OFTEN	N	95	101	127	136	138	116	194	140
	%	24	26	30	33	27	29	31	33
VERY OFTEN	N	33	32	31	42	48	46	53	32
	%	8	8	7	10	9	12	9	7
DON'T KNOW	N	0	0	1	0	3	2	2	0
	%	0	0	0	0	1	1	0	0



36/34. HOW MANY BOOKS ABOUT HEALTH, HEALTHY LIVING, OR TAKING CARE OF YOURSELF DO YOU OWN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NO BOOKS OF THIS TYPE	N	86	86	66	58	101	63	88	57
	%	22	22	16	14	20	16	14	13
1 TO 3 BOOKS	N	134	133	133	122	169	123	198	134
	%	34	35	31	29	33	31	32	31
4 TO 9 BOOKS	N	97	96	122	113	139	103	201	120
	%	24	25	29	27	27	26	33	28
10 BOOKS OR MORE	N	75	65	101	122	92	109	130	110
	%	19	17	24	29	18	27	21	26
DON'T KNOW	N	4	5	2	2	6	2	0	6
	%	1	1	0	0	1	1	0	1

37/35. DO YOU BELIEVE THAT A HEALTH PLAN CAN HELP YOU CHANGE YOUR LIFE STYLE?		PRE						POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY			
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN		
DEFINITELY YES	N	54	50	49	55	85	60	83	54		
	%	14	13	12	13	17	15	13	13		
PROBABLY YES	N	195	170	217	217	242	183	314	230		
	%	49	44	51	52	48	46	51	54		
PROBABLY NOT	N	128	135	145	123	152	133	196	122		
	%	32	35	34	29	30	33	32	29		
DEFINITELY NOT	N	16	29	11	20	25	23	23	15		
	%	4	8	3	5	5	6	4	4		
DON'T KNOW	N	3	1	2	2	3	1	1	6		
	%	1	0	0	0	1	0	0	1		

38/36. PLEASE ESTIMATE THE TOTAL NUMBER OF VISITS TO THE DOCTOR'S OFFICE OR CLINIC, URGENT CARE, OR EMERGENCY ROOM IN THE LAST 12 MONTHS FOR THOSE COVERED BY THE HEALTH PLAN.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
NO VISITS		N	31	36	7	4	46	41	13
		%	8	9	2	1	9	10	2
1 VISIT		N	53	37	7	5	76	49	22
		%	13	10	2	1	15	12	4
2 TO 5 VISITS		N	177	195	85	90	237	205	136
		%	45	51	20	22	47	51	22
6 TO 9 VISITS		N	69	51	91	92	72	48	128
		%	17	13	21	22	14	12	21
10-14 VISITS		N	29	33	87	109	29	29	131
		%	7	9	21	26	6	7	21
>=15 VISITS		N	36	33	145	117	45	28	187
		%	9	9	34	28	9	7	30
DON'T KNOW		N	1	0	2	0	2	0	0
		%	0	0	0	0	0	0	0
REFUSED		N	0	0	0	0	0	0	1
		%	0	0	0	0	0	0	0

39/37. HAVE ANY OF THOSE COVERED BY THE HEALTH PLAN HAD SAME DAY SURGERY OR BEEN HOSPITALIZED OVERNIGHT ANYTIME DURING THE LAST 12 MONTHS FOR REASONS OTHER THAN PREGNANCY OR CHILDBIRTH?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	49	52	112	103	66	40	134	96
	%	12	14	26	25	13	10	22	22
NO	N	347	333	311	312	441	360	481	329
	%	88	86	73	75	87	90	78	77
DON'T KNOW	N	0	0	0	2	0	0	2	2
	%	0	0	0	0	0	0	0	0
REFUSED	N	0	0	1	0	0	0	0	0
	%	0	0	0	0	0	0	0	0

40/38. HAVE YOU OR YOUR SPOUSE BEEN HOSPITALIZED OVERNIGHT FOR PREGNANCY OR CHILDBIRTH DURING THE LAST 12 MONTHS?		PRE				POST				
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY		
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	
YES		N	2	5	12	22	2	4	26	28
		%	1	1	3	5	0	1	4	7
NO		N	255	282	368	363	321	270	511	374
		%	64	73	87	87	63	68	83	88
REFUSED		N	0	0	1	0	0	0	0	0
		%	0	0	0	0	0	0	0	0
MISSING		N	139	98	43	32	184	126	80	25
		%	35	25	10	8	36	32	13	6

/39. COMPARED TO 1995, HOW MUCH HEALTH CARE DO YOU EXPECT TO USE IN 1996?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
MUCH MORE	N	21	18	27	29
	%	2	2	3	3
SOMEWHAT MORE	N	91	83	90	49
	%	10	11	9	6
ABOUT THE SAME	N	621	543	715	594
	%	69	69	69	70
SOMEWHAT LESS	N	123	95	151	131
	%	14	12	15	16
MUCH LESS	N	40	41	54	39
	%	4	5	5	5
DON'T KNOW	N	7	5	4	2
	%	1	1	0	0

42/40. DOES THE HEALTH PLAN OFFER ANY PROGRAMS FOR ITS MEMBERS THAT HELP THEM TO DEAL WITH STRESS, IMPROVE THEIR NUTRITION, STOP SMOKING, AND SO ON?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
YES	N	253	215	287	263	513	493	621	582
	%	64	56	68	63	57	63	60	69
NO	N	40	45	37	43	66	49	91	43
	%	10	12	9	10	7	6	9	5
DON'T KNOW	N	103	125	100	111	324	243	328	219
	%	26	32	24	27	36	31	32	26
REFUSED	N	0	0	0	0	0	0	1	0
	%	0	0	0	0	0	0	0	0

43/41. IF YOU RECEIVE URGENT CARE AT AN URGENT CARE CENTER, HOW MUCH WILL THE HEALTH PLAN PAY?	PRE								POST			
	INDIVIDUAL				FAMILY				INDIVIDUAL			
	STATE OF MN		U OF MN		STATE OF MN		U OF MN		STATE OF MN		U OF MN	
ALL OF THE COST	N	178	169	235	226	360	324	539	468			
	%	45	44	55	54	40	41	52	55			
SOME OF THE COST	N	135	130	142	144	353	322	360	297			
	%	34	34	33	35	39	41	35	35			
NONE OF THE COST	N	2	6	3	6	9	5	7	11			
	%	1	2	1	1	1	1	1	1			
IT DEPENDS	N	0	0	0	0	11	5	15	7			
	%	0	0	0	0	1	1	1	1			
DON'T KNOW	N	81	80	44	41	170	129	120	61			
	%	20	21	10	10	19	16	12	7			



44/42. WHAT WILL THE HEALTH PLAN PAY FOR A GENERAL HOSPITAL ADMISSION NOT INCLUDING MENTAL HEALTH OR CHEMICAL DEPENDENCY ADMISSIONS?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
ALL OF THE COST	N	198	185	277	249	492	405	696	556
	%	50	48	65	60	54	52	67	66
SOME OF THE COST	N	137	143	111	135	295	279	261	224
	%	35	37	26	32	33	36	25	27
NONE OF THE COST	N	0	1	2	0	0	1	2	3
	%	0	0	0	0	0	0	0	0
IT DEPENDS	N	0	0	0	0	9	11	6	5
	%	0	0	0	0	1	1	1	1
DON'T KNOW	N	61	56	34	33	107	89	76	56
	%	15	15	8	8	12	11	7	7

45/43. DO YOU NEED TO GET A REFERRAL OR PERMISSION FROM THE HEALTH PLAN IN ORDER TO SEE A SPECIALIST AND THIS SPECIALIST IS PART OF THE HEALTH PLAN AND HAVE IT PAID FOR BY THE PLAN?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
YES	N	281	302	348	352	683	600	798	678
	%	71	78	82	84	76	76	77	80
NO	N	54	40	43	34	124	108	166	98
	%	14	10	10	8	14	14	16	12
DON'T KNOW	N	61	42	33	31	96	77	77	68
	%	15	11	8	7	11	10	7	8
REFUSED	N	0	1	0	0	0	0	0	0
	%	0	0	0	0	0	0	0	0

46/44. DO THE PLANS HAVE DIFFERENT COVERAGE FOR PRESCRIPTION DRUGS, OR IS PRESCRIPTION COVERAGE THE SAME FOR ALL PLANS?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	259	275	303	306	597	514	742	577
	%	65	71	71	73	66	65	71	68
NO	N	36	29	29	21	114	102	122	95
	%	9	8	7	5	13	13	12	11
DON'T KNOW	N	101	81	92	90	192	169	177	172
	%	26	21	22	22	21	22	17	20

/45. HOW IMPORTANT WOULD YOU SAY THE DECISION IS TO STAY WITH THE SAME HEALTH PLAN OR TO SWITCH TO A DIFFERENT HEALTH PLAN?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY IMPORTANT	N	199	154	253	226
	%	22	20	24	27
VERY IMPORTANT	N	291	243	418	348
	%	32	31	40	41
SOMEWHAT IMPORTANT	N	250	224	254	164
	%	28	29	24	19
NOT VERY IMPORTANT	N	99	107	66	58
	%	11	14	6	7
NOT AT ALL IMPORTANT	N	58	45	42	38
	%	6	6	4	5
DON'T KNOW	N	6	12	8	10
	%	1	2	1	1

/47. HOW HARD OR EASY WAS IT FOR YOU TO MAKE A DECISION ON A HEALTH PLAN?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY HARD	N	28	20	52	30
	%	3	3	5	4
HARD	N	101	80	137	113
	%	11	10	13	13
NEITHER HARD NOR EASY	N	190	162	227	146
	%	21	21	22	17
EASY	N	314	296	363	304
	%	35	38	35	36
VERY EASY	N	268	222	259	247
	%	30	28	25	29
IT DEPENDS	N	0	1	0	0
	%	0	0	0	0
DON'T KNOW	N	2	4	3	4
	%	0	1	0	0

/48. OVERALL, HOW MUCH DIFFERENCE DO YOU THINK THERE IS BETWEEN MEDCENTERS AND HEALTHPARTNERS?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
VERY DIFFERENT	N	14	13	22	17
	%	2	2	2	2
SOMEWHAT DIFFERENT	N	141	133	167	145
	%	16	17	16	17
SLIGHTLY DIFFERENT	N	190	161	218	201
	%	21	21	21	24
NOT AT ALL DIFFERENT	N	103	92	124	90
	%	11	12	12	11
NO BASIS TO SAY	N	109	94	163	106
	%	12	12	16	13
DON'T KNOW	N	346	292	347	285
	%	38	37	33	34

/50. WHO MADE THE DECISION TO STAY OR SWITCH HEALTH PLANS?		POST	
		FAMILY	
		STATE OF MN	U OF MN
JOINT DECISION	N	459	360
	%	44	43
MOSTLY OWN DECISION	N	329	297
	%	32	35
MOSTLY SPOUSE'S	N	38	27
	%	4	3
DON'T KNOW	N	16	16
	%	2	2
MISSING	N	199	144
	%	19	17

/51. HOW BIG A REASON WAS COST		POST			
IN THE DECISION TO STAY OR		INDIVIDUAL		FAMILY	
SWITCH HEALTH PLANS?		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	208	192	260	197
	%	23	24	25	23
BIG REASON	N	329	280	387	331
	%	36	36	37	39
SMALL REASON	N	131	117	136	101
	%	15	15	13	12
NOT A REASON	N	230	194	255	210
	%	25	25	24	25
DON'T KNOW	N	5	2	3	4
	%	1	0	0	0
REFUSED	N	0	0	0	1
	%	0	0	0	0



/52. HOW BIG A REASON WAS QUALITY IN THE DECISION TO STAY OR SWITCH HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	258	218	301	266
	%	29	28	29	32
BIG REASON	N	410	382	481	420
	%	45	49	46	50
SMALL REASON	N	65	58	56	44
	%	7	7	5	5
NOT A REASON	N	164	124	197	111
	%	18	16	19	13
DON'T KNOW	N	6	3	6	3
	%	1	0	1	0

/53. HOW BIG A REASON WAS COVERAGE IN THE DECISION TO STAY OR SWITCH HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	271	202	298	274
	%	30	26	29	32
BIG REASON	N	417	407	505	410
	%	46	52	49	49
SMALL REASON	N	61	54	59	50
	%	7	7	6	6
NOT A REASON	N	150	120	172	106
	%	17	15	17	13
DON'T KNOW	N	4	2	7	4
	%	0	0	1	0

/54. HOW BIG A REASON WAS CONVENIENCE IN THE DECISION TO STAY OR SWITCH HEALTH PLANS?	POST			
	INDIVIDUAL		FAMILY	
	STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N  257	199	265	236
	%  28	25	25	28
BIG REASON	N  379	357	458	367
	%  42	45	44	43
SMALL REASON	N  94	77	94	85
	%  10	10	9	10
NOT A REASON	N  170	147	224	152
	%  19	19	22	18
DON'T KNOW	N  3	5	0	4
	%  0	1	0	0

/55. HOW BIG A REASON WAS DOCTORS IN THE DECISION TO STAY OR SWITCH HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	348	292	395	338
	%	39	37	38	40
BIG REASON	N	285	269	371	306
	%	32	34	36	36
SMALL REASON	N	68	63	82	73
	%	8	8	8	9
NOT A REASON	N	199	157	190	125
	%	22	20	18	15
DON'T KNOW	N	3	4	3	2
	%	0	1	0	0

/56. HOW BIG A REASON WAS BEING ABLE TO GO TO THE DOCTORS YOU CURRENTLY SEE OR PREFER TO SEE IN THE DECISION TO STAY OR SWITCH HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	406	340	482	370
	%	45	43	46	44
BIG REASON	N	263	228	323	301
	%	29	29	31	36
SMALL REASON	N	66	63	67	58
	%	7	8	6	7
NOT A REASON	N	160	151	167	115
	%	18	19	16	14
DON'T KNOW	N	8	3	2	0
	%	1	0	0	0

/57. HOW BIG A REASON WAS		POST			
MATERNITY CARE IN THE DECISION		INDIVIDUAL		FAMILY	
TO STAY OR SWITCH HEALTH PLANS?		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	17	21	49	57
	%	2	3	5	7
BIG REASON	N	16	27	43	58
	%	2	3	4	7
SMALL REASON	N	33	32	66	52
	%	4	4	6	6
NOT A REASON	N	513	478	755	623
	%	57	61	73	74
DON'T KNOW	N	1	3	2	2
	%	0	0	0	0
MISSING	N	323	224	126	52
	%	36	29	12	6

/58. HOW BIG A REASON WAS		POST			
SPECIAL NEEDS OF ONE OR MORE		INDIVIDUAL		FAMILY	
FAMILY MEMBERS IN THE DECISION		TO STAY OR SWITCH HEALTH PLANS?			
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY BIG REASON	N	152	146	206	156
	%	17	19	20	18
BIG REASON	N	159	133	178	168
	%	18	17	17	20
SMALL REASON	N	71	67	69	63
	%	8	9	7	7
NOT A REASON	N	514	437	584	456
	%	57	56	56	54
DON'T KNOW	N	7	2	4	1
	%	1	0	0	0

/59. WAS THERE ANY OTHER FACTOR THAT INFLUENCED YOUR DECISION TO STAY OR SWITCH HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	340	272	388	312
	%	38	35	37	37
NO	N	557	509	650	530
	%	62	65	62	63
DON'T KNOW	N	6	4	3	2
	%	1	1	0	0



/59A. HOW BIG A REASON WAS THE OTHER FACTOR THAT INFLUENCED YOUR DECISION TO STAY OR SWITCH HEALTH PLANS?			POST			
			INDIVIDUAL		FAMILY	
			STATE	U OF	STATE	U OF
			OF MN	MN	OF MN	MN
VERY BIG REASON	N	209	161	240	217	
	%	23	21	23	26	
BIG REASON	N	113	101	132	83	
	%	13	13	13	10	
SMALL REASON	N	17	10	16	12	
	%	2	1	2	1	
DON'T KNOW	N	1	0	0	0	
	%	0	0	0	0	
NOT APPLICABLE	N	563	513	653	532	
	%	62	65	63	63	

/60. EVEN THOUGH THERE ARE SEVERAL REASONS FOR A DECISION ABOUT WHICH HEALTH PLAN TO CHOOSE, DID IT BOIL DOWN TO A SINGLE ISSUE DURING THIS PAST OPEN ENROLLMENT?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	448	366	487	360
	%	50	47	47	43
NO	N	420	376	501	457
	%	47	48	48	54
DON'T KNOW	N	4	5	6	3
	%	0	1	1	0
MISSING	N	31	38	47	24
	%	3	5	5	3

/61. WHAT WAS THIS ISSUE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
COST	N	90	63	85	60
	%	10	8	8	7
QUALITY	N	9	12	14	15
	%	1	2	1	2
COVERAGE	N	14	10	19	7
	%	2	1	2	1
CONVENIENCE	N	33	36	12	23
	%	4	5	1	3
DOCTORS	N	43	30	53	29
	%	5	4	5	3
BEING ABLE TO GO TO DOCTORS YOU CURRENTLY SEE OR PREFER TO SEE	N	154	125	165	116
	%	17	16	16	14
SPECIAL NEEDS	N	15	13	34	26
	%	2	2	3	3

(CONTINUED)

/61. WHAT WAS THIS ISSUE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
OTHER REASON	N	61	58	67	58
	%	7	7	6	7
CAN'T GIVE A SINGLE ANSWER	N	59	54	84	43
	%	7	7	8	5
NOT APPLICABLE	N	420	376	501	457
	%	47	48	48	55
DON'T KNOW	N	5	3	4	4
	%	1	0	0	0

/62. DOES CHOOSING TO STAY OR SWITCH HEALTH PLANS MEAN CHANGING DOCTORS YOU OR YOUR FAMILY ARE CURRENTLY SEEING?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	60	48	99	57
	%	7	6	10	7
NO	N	196	156	267	190
	%	22	20	26	23
DON'T HAVE A DOCTOR	N	3	3	0	0
	%	0	0	0	0
DOCTOR LEFT PLAN	N	0	0	1	1
	%	0	0	0	0
DON'T KNOW	N	8	1	2	1
	%	1	0	0	0
MISSING	N	636	577	672	595
	%	70	74	65	70

/63. DOES YOUR HEALTH PLAN CHOICE FOR 1996 MEAN THAT YOU OR YOUR FAMILY WILL NOW BE ABLE TO CHANGE TO NEW DOCTORS YOU WOULD RATHER SEE BECAUSE THESE DOCTORS ARE NOW INCLUDED IN OR COVERED BY YOUR 1996 HEALTH PLAN?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	72	46	73	48
	%	8	6	7	6
NO	N	180	150	278	193
	%	20	19	27	23
DON'T HAVE A DOCTOR	N	0	3	2	0
	%	0	0	0	0
WILL BE CHANGING TO PREFERRED MD'S	N	1	2	1	0
	%	0	0	0	0
DON'T KNOW	N	14	7	15	8
	%	2	1	1	1
MISSING	N	636	577	672	595
	%	70	74	65	70

/64. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU TALK ABOUT THIS WITH ANY FAMILY MEMBERS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	243	155	727	566
	%	27	20	70	67
NO	N	656	630	314	277
	%	73	80	30	33
DON'T KNOW	N	4	0	0	1
	%	0	0	0	0

/65. WHEN CHOOSING YOUR 1996		POST			
HEALTH PLAN, DID YOU TALK ABOUT		INDIVIDUAL		FAMILY	
THIS WITH ANY FRIENDS OR					
COWORKERS?					
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	483	379	575	398
	%	53	48	55	47
NO	N	420	403	466	445
	%	47	51	45	53
DON'T KNOW	N	0	3	0	1
	%	0	0	0	0



/66. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU CALL ANY OF THE HEALTH PLANS TO GET MORE INFORMATION?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	115	105	208	144
	%	13	13	20	17
NO	N	788	679	830	700
	%	87	86	80	83
DON'T KNOW	N	0	1	3	0
	%	0	0	0	0

/67. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU READ ANY OF THE CERTIFICATES OF COVERAGE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	606	508	765	585
	%	67	65	73	69
NO	N	284	263	267	249
	%	31	34	26	30
DON'T KNOW	N	13	14	9	10
	%	1	2	1	1

/68. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU READ ANY MATERIALS OR NEWSPAPER ADVERTISING FROM ANY OF THE HEALTH PLANS?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	439	358	540	413
	%	49	46	52	49
NO	N	458	427	498	430
	%	51	54	48	51
DON'T KNOW	N	6	0	3	1
	%	1	0	0	0

/69. WHEN CHOOSING YOUR 1996		POST			
HEALTH PLAN, DID YOU GO TO A HEALTH BENEFITS MEETING, TELECONFERENCE OR EMPLOYEE HEALTH BENEFITS FAIR?		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	382	165	444	193
	%	42	21	43	23
NO	N	520	620	597	651
	%	58	79	57	77
DON'T KNOW	N	1	0	0	0
	%	0	0	0	0

/70. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU TALK WITH ANYONE IN EMPLOYEE BENEFITS INCLUDING THE BENEFITS REPRESENTATIVE IN YOUR DEPARTMENT?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	341	140	433	198
	%	38	18	42	23
NO	N	560	644	607	644
	%	62	82	58	76
DON'T KNOW	N	2	1	1	2
	%	0	0	0	0

/71. WHEN CHOOSING YOUR 1996 HEALTH PLAN, DID YOU RELY ON PERSONAL EXPERIENCE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	811	717	942	788
	%	90	91	90	93
NO	N	91	68	97	54
	%	10	9	9	6
DON'T KNOW	N	1	0	2	2
	%	0	0	0	0

		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
/74. EACH FALL AN OPEN ENROLLMENT PACKET IS SENT TO EMPLOYEES. DO YOU RECALL SEEING THIS PACKET?	YES	N  881	773	1024	832
		%  98	98	98	99
NO		N  21	9	14	11
		%  2	1	1	1
SAW IT-NEVER OPENED IT		N  1	2	2	0
		%  0	0	0	0
DON'T KNOW		N  0	1	1	1
		%  0	0	0	0

/75. HOW MUCH OF YOUR OPEN ENROLLMENT PACKET, IF ANY, DID YOU READ?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
READ MOST OR ALL OF IT	N	443	357	614	487
	%	49	45	59	58
READ PARTS OF IT	N	247	235	258	214
	%	27	30	25	25
JUST GLANCED THROUGH IT	N	151	128	119	96
	%	17	16	11	11
NEVER REALLY LOOKED AT IT	N	39	53	32	35
	%	4	7	3	4
DON'T KNOW	N	1	0	1	0
	%	0	0	0	0
NOT APPLICABLE	N	22	12	17	12
	%	2	2	2	1



/76. OVERALL, HOW HARD OR EASY DO YOU THINK IT WAS TO UNDERSTAND THE MATERIALS IN THE OPEN ENROLLMENT PACKET?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
VERY HARD	N	12	9	19	10
	%	1	1	2	1
HARD	N	95	78	101	85
	%	11	10	10	10
NEITHER HARD NOR EASY	N	277	204	310	237
	%	31	26	30	28
EASY	N	344	327	441	336
	%	38	42	42	40
VERY EASY	N	112	93	116	127
	%	12	12	11	15
IT DEPENDS	N	1	0	2	0
	%	0	0	0	0
DON'T KNOW	N	0	9	2	2
	%	0	1	0	0

(CONTINUED)

/76. OVERALL, HOW HARD OR EASY DO YOU THINK IT WAS TO UNDERSTAND THE MATERIALS IN THE OPEN ENROLLMENT PACKET?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
MISSING	N	40	53	33	35
	%	4	7	3	4
NOT APPLICABLE	N	22	12	17	12
	%	2	2	2	1

/77. WHEN IT CAME TO DECIDING WHETHER TO STAY OR SWITCH HEALTH PLANS FOR 1996, HOW HELPFUL WAS THIS OPEN ENROLLMENT PACKET?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
EXTREMELY HELPFUL	N	112	79	155	101
	%	12	10	15	12
VERY HELPFUL	N	293	240	381	308
	%	32	31	37	36
SOMEWHAT HELPFUL	N	333	306	358	314
	%	37	39	34	37
NOT VERY HELPFUL	N	69	58	56	50
	%	8	7	5	6
NOT AT ALL HELPFUL	N	29	31	37	20
	%	3	4	4	2
DON'T KNOW	N	5	6	4	4
	%	1	1	0	0
MISSING	N	40	53	33	35
	%	4	7	3	4
NOT APPLICABLE	N	22	12	17	12
	%	2	2	2	1

/79. A REPORT CALLED "HEALTH PLANS AND MEDICAL CARE" WAS INCLUDED IN YOUR OPEN ENROLLMENT PACKET. DO YOU REMEMBER SEEING THIS REPORT?		POST	
		INDIV-	FAMILY
		STATE	STATE
		OF MN	OF MN
YES	N	606	746
	%	67	72
NO	N	209	229
	%	23	22
DON'T KNOW	N	26	16
	%	3	2
MISSING	N	62	50
	%	7	5

/80. HOW MUCH OF THIS REPORT, IF ANY, DID YOU READ?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
READ MOST OR ALL OF IT	N	281	377
	%	31	36
READ PARTS OF IT	N	176	187
	%	19	18
JUST GLANCED THROUGH IT	N	127	163
	%	14	16
NEVER REALLY LOOKED AT IT	N	18	19
	%	2	2
DON'T KNOW	N	4	0
	%	0	0
MISSING	N	62	50
	%	7	5
NOT APPLICABLE	N	235	245
	%	26	24

/81. DID YOU LOOK AT THE CHART WITH THE COLOR-CODED STARS THAT COMPARED EMPLOYEES' RATINGS OF THE HEALTH PLANS IN 1995?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
YES	N	501	636
	%	55	61
NO	N	37	31
	%	4	3
DON'T KNOW	N	46	60
	%	5	6
MISSING	N	62	50
	%	7	5
NOT APPLICABLE	N	257	264
	%	28	25

_ /82. DID YOU LOOK AT THE SECTION THAT TOLD ABOUT CHANGES FROM 1993 TO 1995, SHOWING WHICH HEALTH PLANS IMPROVED OR WENT DOWN IN THE RATINGS?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
YES	N	457	590
	%	51	57
NO	N	66	68
	%	7	7
DON'T KNOW	N	61	69
	%	7	7
MISSING	N	62	50
	%	7	5
NOT APPLICABLE	N	257	264
	%	28	25

/83. DID YOU LOOK AT ANY OF THE BAR GRAPHS ON THE INSIDE OF THE REPORT THAT SHOWED MORE DETAILED SURVEY RESULTS FOR PARTICULAR TOPICS?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
YES	N	394	521
	%	44	50
NO	N	119	119
	%	13	11
DON'T KNOW	N	71	87
	%	8	8
MISSING	N	62	50
	%	7	5
NOT APPLICABLE	N	257	264
	%	28	25



/84. WHEN IT CAME TO DECIDING WHETHER TO STAY OR SWITCH HEALTH PLANS, HOW HELPFUL WAS THIS REPORT?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
EXTREMELY HELPFUL	N   26	27	
	%   3	3	
VERY HELPFUL	N   73	99	
	%   8	10	
SOMEWHAT HELPFUL	N   282	317	
	%   31	30	
NOT VERY HELPFUL	N   121	162	
	%   13	16	
NOT AT ALL HELPFUL	N   77	121	
	%   9	12	
DON'T KNOW	N   5	1	
	%   1	0	
MISSING	N   62	50	
	%   7	5	
NOT APPLICABLE	N   257	264	
	%   28	25	

/85. WHEN IT CAME TO JUDGING THE QUALITY OF THE HEALTH PLANS THAT WERE OFFERED, HOW HELPFUL WAS THIS REPORT?		POST	
		INDIV- IDUAL	FAMILY
		STATE OF MN	STATE OF MN
EXTREMELY HELPFUL	N	27	26
	%	3	2
VERY HELPFUL	N	98	132
	%	11	13
SOMEWHAT HELPFUL	N	301	346
	%	33	33
NOT VERY HELPFUL	N	106	142
	%	12	14
NOT AT ALL HELPFUL	N	50	80
	%	6	8
DON'T KNOW	N	2	1
	%	0	0
MISSING	N	62	50
	%	7	5
NOT APPLICABLE	N	257	264
	%	28	25

/86. DO YOU REMEMBER SEEING A		POST			
REPORT CALLED "YOU AND YOUR		INDIVIDUAL		FAMILY	
HEALTH PLAN" THAT WAS A					
SPECIAL INSERT IN MANY					
NEWSPAPERS THROUGHOUT		STATE	U OF	STATE	U OF
MINNESOTA?		OF MN	MN	OF MN	MN
YES	N	202	174	233	248
	%	22	22	22	29
NO	N	668	597	779	579
	%	74	76	75	69
DON'T KNOW	N	33	14	29	17
	%	4	2	3	2

/87. HOW MUCH OF THIS REPORT, IF ANY, DID YOU READ?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
READ MOST OR ALL OF IT	N	49	58	59	97
	%	5	7	6	11
READ PARTS OF IT	N	52	42	54	74
	%	6	5	5	9
JUST GLANCED THROUGH IT	N	80	57	101	68
	%	9	7	10	8
NEVER REALLY LOOKED AT IT	N	19	17	19	9
	%	2	2	2	1
DON'T KNOW	N	2	0	0	0
	%	3	0	0	0
NOT APPLICABLE	N	701	611	808	596
	%	78	78	78	71

/88. WHEN IT CAME TO DECIDING WHETHER TO STAY OR SWITCH HEALTH PLANS, HOW HELPFUL WAS THIS REPORT?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY HELPFUL	N	0	7	4	6
	%	0	1	0	1
VERY HELPFUL	N	7	15	9	17
	%	1	2	1	2
SOMEWHAT HELPFUL	N	68	58	65	91
	%	8	7	6	11
NOT VERY HELPFUL	N	55	41	67	67
	%	6	5	6	8
NOT AT ALL HELPFUL	N	50	35	68	56
	%	6	4	7	7
DON'T KNOW	N	1	1	1	2
	%	0	0	0	0
NOT APPLICABLE	N	722	628	827	605
	%	80	80	79	72

/89. WHEN IT CAME TO JUDGING THE QUALITY OF THE HEALTH PLANS HOW HELPFUL WAS THIS REPORT?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
EXTREMELY HELPFUL	N	1	8	3	6
	%	0	1	0	1
VERY HELPFUL	N	9	15	14	21
	%	1	2	1	2
SOMEWHAT HELPFUL	N	81	67	82	113
	%	9	9	8	13
NOT VERY HELPFUL	N	52	40	59	51
	%	6	5	6	6
NOT AT ALL HELPFUL	N	38	27	55	47
	%	4	3	5	6
DON'T KNOW	N	0	0	1	1
	%	0	0	0	0
NOT APPLICABLE	N	722	628	827	605
	%	80	80	79	72

/90. GIVEN THE INFORMATION		POST			
THAT WAS AVAILABLE TO YOU ABOUT		INDIVIDUAL		FAMILY	
THE HEALTH PLANS OFFERED,					
HOW CONFIDENT ARE YOU THAT YOU		STATE	U OF	STATE	U OF
MADE THE RIGHT CHOICE?		OF MN	MN	OF MN	MN
VERY CONFIDENT	N	554	470	670	559
	%	61	60	64	66
SOMEWHAT	N	268	251	290	230
CONFIDENT	%	30	32	28	27
A LITTLE	N	45	32	46	34
CONFIDENT	%	5	4	4	4
NOT VERY	N	30	27	31	17
CONFIDENT	%	3	3	3	2
DON'T KNOW	N	6	5	4	4
	%	1	1	0	0

41/91A. IN GENERAL, HOW WOULD YOU RATE YOUR OWN HEALTH?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
EXCELLENT	N	78	104	70	130	231	248	296	289
	%	20	27	17	31	26	32	28	34
VERY GOOD	N	162	156	192	182	407	338	463	388
	%	41	41	45	44	45	43	44	46
GOOD	N	118	104	132	88	202	154	222	134
	%	30	27	31	21	22	20	21	16
FAIR	N	33	18	27	14	53	40	54	30
	%	8	5	6	3	6	5	5	4
POOR	N	4	3	3	2	8	4	6	2
	%	1	1	1	0	1	1	1	0
DON'T KNOW	N	1	0	0	1	2	1	0	1
	%	0	0	0	0	0	0	0	0



/91B. IN GENERAL, HOW WOULD YOU RATE THE HEALTH OF YOUR SPOUSE WHO IS COVERED ON YOUR 1996 HEALTH PLAN?		POST	
		FAMILY	
		STATE OF MN	U OF MN
EXCELLENT	N	197	197
	%	19	23
VERY GOOD	N	343	307
	%	33	36
GOOD	N	230	148
	%	22	18
FAIR	N	61	41
	%	6	5
POOR	N	9	6
	%	1	1
DON'T KNOW	N	2	1
	%	0	0
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

/91C. IN GENERAL, HOW WOULD YOU RATE THE HEALTH OF YOUR CHILDREN, WHO ARE COVERED ON YOUR 1996 POLICY?		POST FAMILY	
		STATE OF MN	U OF MN
EXCELLENT	N	326	295
	%	31	35
VERY GOOD	N	333	271
	%	32	32
GOOD	N	125	80
	%	12	9
FAIR	N	25	13
	%	2	2
POOR	N	3	2
	%	0	0
DON'T KNOW	N	0	1
	%	0	0
MISSING	N	38	31
	%	4	4
NOT APPLICABLE	N	191	151
	%	18	18

/92A-1. DO YOU REQUIRE EITHER REGULAR MEDICAL CARE OR PRESCRIPTION MEDICATION FOR ASTHMA?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	57	49	47	47
	%	6	6	5	6
NO	N	841	733	990	790
	%	93	93	95	94
DON'T KNOW	N	4	0	0	3
	%	0	0	0	0
REFUSED	N	1	3	4	4
	%	0	0	0	0

/92A-2. DO YOU REQUIRE EITHER REGULAR MEDICAL CARE OR PRESCRIPTION MEDICATION FOR DIABETES?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	34	16	33	19
	%	4	2	3	2
NO	N	865	765	1003	820
	%	96	97	96	97
DON'T KNOW	N	1	1	1	2
	%	0	0	0	0
REFUSED	N	3	3	4	3
	%	0	0	0	0

/92A-3. DO YOU REQUIRE EITHER REGULAR MEDICAL CARE OR PRESCRIPTION MEDICATION FOR HEART TROUBLE OR A HEART CONDITION?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	35	27	36	32
	%	4	3	3	4
NO	N	862	754	1001	806
	%	95	96	96	95
DON'T KNOW	N	2	1	0	3
	%	0	0	0	0
REFUSED	N	4	3	4	3
	%	0	0	0	0

/92A-4. DO YOU REQUIRE EITHER		POST			
REGULAR MEDICAL CARE OR PRESCRIPTION MEDICATION FOR JOINT PROBLEMS, SUCH AS ARTHRITIS, GOUT, AND RHEUMATISM?		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	74	49	58	40
	%	8	6	6	5
NO	N	824	733	978	799
	%	91	93	94	95
DON'T KNOW	N	1	0	0	2
	%	0	0	0	0
REFUSED	N	4	3	5	3
	%	0	0	0	0

/92A-5. DO YOU REQUIRE EITHER REGULAR MEDICAL CARE OR PRESCRIPTION MEDICATION FOR DEPRESSION?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
YES	N	95	78	60	59
	%	11	10	6	7
NO	N	802	704	977	781
	%	89	90	94	93
DON'T KNOW	N	2	0	0	1
	%	0	0	0	0
REFUSED	N	4	3	4	3
	%	0	0	0	0

/92A-6. DO YOU HAVE ANY OTHER		POST			
MEDICAL CONDITIONS THAT REQUIRE		INDIVIDUAL		FAMILY	
EITHER REGULAR CARE OR					
PRESCRIPTION MEDICATIONS?					
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
YES	N	359	274	296	260
	%	40	35	28	31
NO	N	537	509	739	579
	%	59	65	71	69
DON'T KNOW	N	0	0	0	2
	%	0	0	0	0
REFUSED	N	7	2	6	3
	%	1	0	1	0



/92B-1. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR ASTHMA?		POST FAMILY	
		STATE OF MN	U OF MN
YES	N	38	25
	%	4	3
NO	N	799	663
	%	77	79
DON'T KNOW	N	1	5
	%	0	1
REFUSED	N	4	7
	%	0	1
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

/92B-2. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR DIABETES?		POST FAMILY STATE   U OF OF MN   MN	
YES	N	29	27
	%	3	3
NO	N	809	663
	%	78	79
DON'T KNOW	N	0	3
	%	0	0
REFUSED	N	4	7
	%	0	1
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

92B-3. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR HEART TROUBLE OR A HEART CONDITION?		POST FAMILY		STATE   U OF OF MN   MN	
YES	N	33	30		
	%	3	4		
NO	N	803	660		
	%	77	78		
DON'T KNOW	N	1	3		
	%	0	0		
REFUSED	N	5	7		
	%	0	1		
MISSING	N	3	0		
	%	0	0		
NOT APPLICABLE	N	196	144		
	%	19	17		

/92B-4. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR JOINT PROBLEMS, SUCH AS ARTHRITIS, GOUT, & RHEUMATISM?		POST FAMILY	
		STATE OF MN	U OF MN
YES	N	53	39
	%	5	5
NO	N	783	651
	%	75	77
DON'T KNOW	N	1	3
	%	0	0
REFUSED	N	5	7
	%	0	1
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

/92B-5. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR DEPRESSION?		POST FAMILY	
		STATE OF MN	U OF MN
YES	N	53	51
	%	5	6
NO	N	782	639
	%	75	76
DON'T KNOW	N	2	3
	%	0	0
REFUSED	N	5	7
	%	0	1
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

/92B-6. DOES YOUR SPOUSE, WHO IS COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR ANY OTHER MEDICAL CONDITIONS?		POST FAMILY STATE   U OF OF MN   MN	
YES	N	192	180
	%	18	21
NO	N	643	511
	%	62	61
DON'T KNOW	N	1	3
	%	0	0
REFUSED	N	6	6
	%	1	1
MISSING	N	3	0
	%	0	0
NOT APPLICABLE	N	196	144
	%	19	17

/92C-1. DO YOUR CHILDREN, WHO ARE COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR ASTHMA OR WHEEZING?		POST FAMILY	
		STATE OF MN	U OF MN
YES	N	111	81
	%	11	10
NO	N	694	577
	%	67	68
DON'T KNOW	N	2	3
	%	0	0
REFUSED	N	5	1
	%	0	0
MISSING	N	1	0
	%	0	0
NOT APPLICABLE	N	228	182
	%	22	22

_92C-2. DO YOUR CHILDREN, WHO ARE COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR DIABETES?		POST FAMILY STATE U OF OF MN MN	
YES	N	4	5
	%	0	1
NO	N	802	654
	%	77	77
DON'T KNOW	N	1	2
	%	0	0
REFUSED	N	5	1
	%	0	0
MISSING	N	1	0
	%	0	0
NOT APPLICABLE	N	228	182
	%	22	22



/92C-3. DO YOUR CHILDREN, WHO ARE COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR ANY BEHAVIORAL OR EMOTIONAL PROBLEMS?		POST FAMILY	
		STATE OF MN	U OF MN
YES	N	60	41
	%	6	5
NO	N	744	618
	%	71	73
DON'T KNOW	N	2	2
	%	0	0
REFUSED	N	6	1
	%	1	0
MISSING	N	1	0
	%	0	0
NOT APPLICABLE	N	228	182
	%	22	22



/92C-4. DO YOUR CHILDREN, WHO ARE COVERED ON YOUR 1996 POLICY, REQUIRE EITHER REGULAR CARE OR PRESCRIPTION MEDICATION FOR ANY OTHER MEDICAL CONDITIONS?		POST FAMILY STATE   U OF OF MN   MN	
YES	N	134	118
	%	13	14
NO	N	671	540
	%	64	64
DON'T KNOW	N	1	2
	%	0	0
REFUSED	N	6	2
	%	1	0
MISSING	N	1	0
	%	0	0
NOT APPLICABLE	N	228	182
	%	22	22

58/95. DO YOU OR YOUR SPOUSE WORK IN A DOCTOR'S OFFICE OR CLINIC, A HOSPITAL, OR ANY OTHER PLACE THAT PROVIDES MEDICAL CARE?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
YES	N	41	155	62	183	43	162	78	181
	%	10	40	15	44	8	41	13	42
NO	N	355	229	362	234	462	238	539	244
	%	90	59	85	56	91	60	87	57
DON'T KNOW	N	0	1	0	0	2	0	0	0
	%	0	0	0	0	0	0	0	0
REFUSED	N	0	0	0	0	0	0	0	2
	%	0	0	0	0	0	0	0	0

57/94. WHAT IS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN
8TH GRADE OR LESS	N	1	0	1	0	2	0	0	1
	%	0	0	0	0	0	0	0	0
SOME HIGH SCHOOL	N	3	2	4	3	4	2	3	2
	%	1	1	1	1	1	1	0	0
HIGH SCHOOL GRADUATE OR GED	N	84	29	85	36	104	38	124	52
	%	21	8	20	9	21	10	20	12
SOME COLLEGE OR VOCATIONAL OR TECH SCHOOL	N	98	98	111	108	104	95	158	112
	%	25	25	26	26	21	24	26	26
COLLEGE GRADUATE	N	129	138	113	131	161	152	200	133
	%	33	36	27	31	32	38	32	31
POST-GRADUATE OR PROFESSIONAL DEGREE	N	81	117	110	138	129	112	132	125
	%	20	30	26	33	25	28	21	29
DON'T KNOW	N	0	0	0	1	2	1	0	1
	%	0	0	0	0	0	0	0	0
REFUSED	N	0	1	0	0	1	0	0	1
	%	0	0	0	0	0	0	0	0

59/96. APPROXIMATELY WHAT WAS YOUR TOTAL HOUSEHOLD INCOME LAST YEAR BEFORE TAXES?		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
<\$10000	N	0	2	0	0	2	1	1	0
	%	0	1	0	0	0	0	0	0
\$10000-\$19999	N	5	23	2	12	6	23	8	8
	%	1	6	0	3	1	6	1	2
\$20000-\$39999	N	170	185	89	101	218	200	139	80
	%	43	48	21	24	43	50	23	19
\$40000-\$59999	N	112	80	173	133	114	85	234	145
	%	28	21	41	32	22	21	38	34
\$60000-\$79999	N	56	51	99	89	82	42	134	80
	%	14	13	23	21	16	11	22	19
>=\$80000	N	44	34	49	68	59	38	79	94
	%	11	9	12	16	12	10	13	22
DON'T KNOW	N	0	1	1	3	4	0	3	2
	%	0	0	0	1	1	0	0	0
REFUSED	N	9	9	11	11	22	11	19	18
	%	2	2	3	3	4	3	3	4

60/106. SEX OF RESPONDENT.		PRE				POST			
		INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN	STATE OF MN	U OF MN
MALE	N	139	98	256	178	323	224	598	341
	%	35	25	60	43	36	29	57	40
FEMALE	N	257	287	168	239	580	561	443	503
	%	65	75	40	57	64	71	43	60

47/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE INFORMATION ABOUT WHICH HEALTH PLANS YOUR FRIENDS ARE IN?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	20	34	24	28
	%	5	9	6	7
PROBABLY WOULD	N	141	144	171	141
	%	36	37	40	34
MAYBE	N	3	4	1	4
	%	1	1	0	1
PROBABLY WOULD NOT	N	149	125	157	154
	%	38	32	37	37
DEFINITELY WOULD NOT	N	81	77	68	87
	%	20	20	16	21
DON'T UNDERSTAND THE QUESTION	N	0	1	1	0
	%	0	0	0	0
DON'T KNOW	N	2	0	2	3
	%	1	0	0	1



48/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE THE OPINION OF AN IMMEDIATE FAMILY MEMBER OR OTHER RELATIVE?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	48	51	62	57
	%	12	13	15	14
PROBABLY WOULD	N	209	205	259	216
	%	53	53	61	52
MAYBE	N	10	10	4	8
	%	3	3	1	2
PROBABLY WOULD NOT	N	96	79	75	106
	%	24	21	18	25
DEFINITELY WOULD NOT	N	31	36	23	26
	%	8	9	5	6
DON'T KNOW	N	2	4	1	4
	%	1	1	0	1

49/. WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE THE OPINION OF A FRIEND OR SOMEONE YOU KNOW?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	28	34	35	33
	%	7	9	8	8
PROBABLY WOULD	N	193	218	251	214
	%	49	57	59	51
MAYBE	N	14	12	5	9
	%	4	3	1	2
PROBABLY WOULD NOT	N	134	89	110	131
	%	34	23	26	31
DEFINITELY WOULD NOT	N	27	30	22	28
	%	7	8	5	7
DON'T KNOW	N	0	2	1	2
	%	0	1	0	0

50/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE OBJECTIVE RATINGS SUCH AS THOSE PROVIDED IN CONSUMER REPORTS?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	52	64	73	86
	%	13	17	17	21
PROBABLY WOULD	N	205	205	218	221
	%	52	53	51	53
MAYBE	N	6	15	12	15
	%	2	4	3	4
PROBABLY WOULD NOT	N	108	79	97	76
	%	27	21	23	18
DEFINITELY WOULD NOT	N	25	18	21	16
	%	6	5	5	4
DON'T KNOW	N	0	4	3	3
	%	0	1	1	1

51/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE PAST PERSONAL EXPERIENCE?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	273	296	314	324
	%	69	77	74	78
PROBABLY WOULD	N	115	88	103	86
	%	29	23	24	21
MAYBE	N	0	0	0	1
	%	0	0	0	0
PROBABLY WOULD NOT	N	5	1	4	3
	%	1	0	1	1
DEFINITELY WOULD NOT	N	2	0	3	1
	%	1	0	1	0
DON'T KNOW	N	1	0	0	2
	%	0	0	0	0

52/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE NEWSPAPER ADS, OR RADIO OR TELEVISION COMMERCIALS?		PRE			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
DEFINITELY	N	1	3	4	2
WOULD	%	0	1	1	0
PROBABLY WOULD	N	27	24	33	37
	%	7	6	8	9
MAYBE	N	10	6	5	3
	%	3	2	1	1
PROBABLY WOULD	N	215	219	242	226
NOT	%	54	57	57	54
DEFINITELY	N	143	132	139	148
WOULD NOT	%	36	34	33	35
DON'T	N	0	1	0	0
UNDERSTAND THE	%	0	0	0	0
QUESTION					
DON'T KNOW	N	0	0	1	1
	%	0	0	0	0

53/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE AN ARTICLE OR NEWSPAPER REPORT WRITTEN BY A KNOWLEDGEABLE THIRD PARTY?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	26	16	28	26
	%	7	4	7	6
PROBABLY WOULD	N	187	221	243	259
	%	47	57	57	62
MAYBE	N	17	15	15	16
	%	4	4	4	4
PROBABLY WOULD NOT	N	144	109	111	99
	%	36	28	26	24
DEFINITELY WOULD NOT	N	21	23	24	13
	%	5	6	6	3
DON'T UNDERSTAND THE QUESTION	N	0	0	0	2
	%	0	0	0	0
DON'T KNOW	N	1	1	3	2
	%	0	0	1	0

54/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE PRINTED BROCHURES, PAMPHLETS, OR OTHER INFORMATION PROVIDED BY THE HEALTH PLAN?		PRE			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	58	50	69	69
	%	15	13	16	17
PROBABLY WOULD	N	255	249	271	269
	%	64	65	64	65
MAYBE	N	12	18	8	13
	%	3	5	2	3
PROBABLY WOULD NOT	N	63	61	63	58
	%	16	16	15	14
DEFINITELY WOULD NOT	N	7	7	13	7
	%	2	2	3	2
DON'T KNOW	N	1	0	0	1
	%	0	0	0	0

55/ . WHEN MAKING A DECISION ABOUT CHOOSING A HEALTH PLAN WOULD YOU USE INFORMATION ABOUT WHAT OTHER MEMBERS OF THE HEALTH PLAN HAVE SAID?	PRE			
	INDIVIDUAL		FAMILY	
	STATE OF MN	U OF MN	STATE OF MN	U OF MN
	N	%	N	%
DEFINITELY WOULD	N  37	%  9	N  33	%  13
PROBABLY WOULD	N  191	%  48	N  210	%  49
MAYBE	N  10	%  3	N  11	%  2
PROBABLY WOULD NOT	N  141	%  36	N  131	%  31
DEFINITELY WOULD NOT	N  16	%  4	N  18	%  4
DON'T UNDERSTAND THE QUESTION	N  0	%  0	N  0	%  0
DON'T KNOW	N  1	%  0	N  1	%  0



/97. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE INFORMATION ABOUT WHICH SERVICES YOUR FRIENDS USE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	61	70	71	66
	%	15	18	17	16
PROBABLY WOULD	N	252	243	272	255
	%	64	63	64	61
MAYBE	N	6	2	4	4
	%	2	1	1	1
PROBABLY WOULD NOT	N	67	59	63	79
	%	17	15	15	19
DEFINITELY WOULD NOT	N	10	11	9	11
	%	3	3	2	3
DON'T UNDERSTAND THE QUESTION	N	0	0	1	0
	%	0	0	0	0
DON'T KNOW	N	0	0	4	2
	%	0	0	1	0

/98. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE THE OPINION OF AN IMMEDIATE FAMILY MEMBER OR OTHER RELATIVE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	83	95	95	92
	%	21	25	22	22
PROBABLY WOULD	N	255	238	292	265
	%	64	62	69	64
MAYBE	N	10	2	4	4
	%	3	1	1	1
PROBABLY WOULD NOT	N	41	39	31	50
	%	10	10	7	12
DEFINITELY WOULD NOT	N	5	9	2	5
	%	1	2	0	1
DON'T UNDERSTAND THE QUESTION	N	1	0	0	0
	%	0	0	0	0
DON'T KNOW	N	1	2	0	1
	%	0	1	0	0

/99. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE THE OPINION OF A FRIEND OR SOMEONE YOU KNOW?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
DEFINITELY WOULD	N	65	71	61	61
	%	16	18	14	15
PROBABLY WOULD	N	264	265	302	290
	%	67	69	71	70
MAYBE	N	11	6	5	10
	%	3	2	1	2
PROBABLY WOULD NOT	N	50	36	51	49
	%	13	9	12	12
DEFINITELY WOULD NOT	N	5	5	5	6
	%	1	1	1	1
DON'T KNOW	N	1	2	0	1
	%	0	1	0	0

/100. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE OBJECTIVE RATINGS SUCH AS THOSE PROVIDED IN CONSUMER REPORTS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	72	95	72	100
	%	18	25	17	24
PROBABLY WOULD	N	207	209	249	240
	%	52	54	59	58
MAYBE	N	11	11	8	6
	%	3	3	2	1
PROBABLY WOULD NOT	N	94	57	84	59
	%	24	15	20	14
DEFINITELY WOULD NOT	N	11	13	10	9
	%	3	3	2	2
DON'T UNDERSTAND THE QUESTION	N	1	0	0	0
	%	0	0	0	0
DON'T KNOW	N	0	0	1	3
	%	0	0	0	1

/101. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE PAST PERSONAL EXPERIENCE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	280	299	307	339
	%	71	78	72	81
PROBABLY WOULD	N	108	82	113	77
	%	27	21	27	18
MAYBE	N	0	1	0	0
	%	0	0	0	0
PROBABLY WOULD NOT	N	6	2	3	1
	%	2	1	1	0
DEFINITELY WOULD NOT	N	1	1	1	0
	%	0	0	0	0
DON'T KNOW	N	1	0	0	0
	%	0	0	0	0

/102. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE NEWSPAPER ADS, OR RADIO OR TELEVISION COMMERCIALS?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	5	3	6	4
	%	1	1	1	1
PROBABLY WOULD	N	72	60	83	86
	%	18	16	20	21
MAYBE	N	12	9	11	14
	%	3	2	3	3
PROBABLY WOULD NOT	N	244	239	260	248
	%	62	62	61	59
DEFINITELY WOULD NOT	N	62	73	63	65
	%	16	19	15	16
DON'T KNOW	N	1	1	1	0
	%	0	0	0	0

103. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE AN ARTICLE OR NEWSPAPER REPORT WRITTEN BY A KNOWLEDGEABLE THIRD PARTY?		POST			
		INDIVIDUAL		FAMILY	
		STATE	U OF	STATE	U OF
		OF MN	MN	OF MN	MN
DEFINITELY	N	14	19	21	23
WOULD	%	4	5	5	6
PROBABLY WOULD	N	223	252	269	267
	%	56	65	63	64
MAYBE	N	16	14	17	14
	%	4	4	4	3
PROBABLY WOULD	N	128	89	106	104
NOT	%	32	23	25	25
DEFINITELY	N	15	11	10	8
WOULD NOT	%	4	3	2	2
DON'T KNOW	N	0	0	1	1
	%	0	0	0	0

/104. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE PRINTED BROCHURES, PAMPHLETS, OR OTHER INFORMATION PROVIDED BY THE SERVICE?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY WOULD	N	20	20	26	21
	%	5	5	6	5
PROBABLY WOULD	N	235	234	251	255
	%	59	61	59	61
MAYBE	N	20	9	16	10
	%	5	2	4	2
PROBABLY WOULD NOT	N	116	106	114	122
	%	29	28	27	29
DEFINITELY WOULD NOT	N	5	16	16	8
	%	1	4	4	2
DON'T KNOW	N	0	0	1	1
	%	0	0	0	0



/105. WHEN MAKING A DECISION ABOUT PURCHASING A SERVICE WOULD YOU USE INFORMATION ABOUT WHAT USERS OF THE SERVICE HAVE SAID?		POST			
		INDIVIDUAL		FAMILY	
		STATE OF MN	U OF MN	STATE OF MN	U OF MN
DEFINITELY	N	23	27	35	26
WOULD	%	6	7	8	6
PROBABLY WOULD	N	230	208	244	223
	%	58	54	58	53
MAYBE	N	13	9	15	7
	%	3	2	4	2
PROBABLY WOULD	N	121	124	117	138
NOT	%	31	32	28	33
DEFINITELY	N	7	17	12	21
WOULD NOT	%	2	4	3	5
DON'T	N	0	0	0	1
UNDERSTAND THE	%	0	0	0	0
QUESTION					
DON'T KNOW	N	2	0	1	1
	%	1	0	0	0



**TABLE 2**  
**INDEPENDENT VARIABLES**



# INDEPENDENT VARIABLES

Category	Variable	Description
Age	XAGE	Age based on administrative data.
Chronic disease	CHRDY	<p>Do you, your spouse, or your children have a chronic disease? 1 = Yes 0 = No</p> <p>Based on the following variables. If any of the variables are answered "Yes" then CHRDY is defined as "Yes", else if none of the variables are answered "Yes" then CHRDY is defined as "No":</p> <p>Do you require either regular medical care or prescription medication for:  TMCASH: Asthma  TMCDIAB: Diabetes  TMCHEART: Heart trouble or a heart condition  TMCJOINT: Joint problems, including arthritis, gout, and rheumatism  TMCDEPPR: Depression  TMCOTHER: Other medical conditions.</p> <p>Does your spouse covered on your 1996 policy require either regular care or prescription medication for:  TASTHSP: Asthma  TDIABSP: Diabetes  THEARTSP: Heart trouble or a heart condition  TJOINTSP: Joint problems, including arthritis, gout, and rheumatism  TDEPPRST: Depression  TOTHERSP: Other medical conditions.</p> <p>Does your child/children require either regular medical care or prescription medication for:  TASTHCHL: Asthma  TDIABCHL: Diabetes  TEMMCHL: Behavioral or emotional problems  TOTHRCHL: Other medical conditions.</p>
Coverage type	INDFAM	<p>Based on administrative data, does subject have individual or family coverage? 1 = Family 0 = Individual</p>

Category	Variable	Description
Education	G1 G2 G3	Dummy variables based on TGRADE. Reference: High school or less G1: Some college G2: College graduate G3: Post grad/professional school
Employment in medical setting	TWORKMC	Do you or your spouse work in a doctor's office or clinic, a hospital, or any other place that provides medical care? 1 = Yes 2 = No
Employment, length	XEMPLYRS	Based on hire date in administrative data, how long has subject been employed?
Gender	XSEX	Gender based on administrative data.
Health plan in 1994	P941 P942 P943 P944	Dummy variables based on APLAN94. Reference: Group Health. P941: MedCenters P942: Medica Primary P943: State Health Plan P944: Medica Premier
Health plan in 1995	P951 P952 P953 P954	Dummy variables based on APLAN95. Reference: Group Health. P951: MedCenters P952: Medica Primary P953: State Health Plan P954: Medica Premier
Health plan in 1996	P962 P963 P964 P965 P966	Dummy variables based on APLAN96. Reference: Group Health. P962: Medica Primary P963: State Health Plan P964: Medica Premier P965: HealthPartners P966: State Health Plan Select
Hospitalization	THOSP	Have you, or anyone covered by the health plan had same day surgery, or been hospitalized overnight anytime during the last 12 months? 1 = Yes 2 = No
Income	INC1 INC2 INC3 INC4	Dummy variables based on TINCOME. Reference: <\$20,000 INC1: \$20,000 - \$39,999 INC2: \$40,000 - \$59,999 INC3: \$60,000 - \$79,999 INC4: ≥ \$80,000

Category	Variable	Description
Intervention group or control group	D1	Is subject from the state or from the University? 1 = State of Minnesota 0 = University of Minnesota
Objective ratings, use	TOBJRATE	Would you or would you not use objective ratings such as those provided in Consumer Reports when making a decision about choosing a health plan? 1 = Definitely would 2 = Probably would 3 = Maybe (volunteered) 4 = Probably would not 5 = Definitely would no
Physician attachment	TMDLEAVE	If any of the doctors that your or your family see were to leave your health plan, do you think you would try to change health plans to stay with this doctor, or stay with you current health plan and find another doctor? 1 = Try to change health plans to stay with this doctor 2 = Stay with current health plan and find another doctor
Quality rating of Group Health	TQLTGH2	Please rate the overall quality of Group Health. 1 = Low quality ... 10 = High quality 11 = Can't rate
Quality rating of Medica Premier	TQLTMPM2	Please rate the overall quality of Medica Premier. 1 = Low quality ... 10 = High quality 11 = Can't rate
Quality rating of Medica Primary	TQLTMPR2	Please rate the overall quality of Medica Primary. 1 = Low quality ... 10 = High quality 11 = Can't rate
Quality rating of State Health Plan	TQLTSHP2	Please rate the overall quality of State Health Plan. 1 = Low quality ... 10 = High quality 11 = Can't rate
Quality rating of State Health Plan Select	TQLTSHPS	Please rate the overall quality of State Health Plan Select. 1 = Low quality ... 10 = High quality 11 = Can't rate
Reading intensity	TRPTREAD	How much of this [DOER report card] report, if any, did you read? 1 = Read most or all of it 2 = Read parts of it 3 = Just glanced through it 4 = Never really looked at it
Switched plans from 1994 to 1995	XSWITC95	Based on administrative data, did subject change plans from 1994 to 1995?

Category	Variable	Description
Switched plans from 1995 to 1996	XSWITC96	Based on administrative data, did subject change plans from 1995 to 1996?
Switching, considered	TSWCONS	During this past open enrollment, how much did you consider switching to another plan? 1 = A lot 2 = A fair amount 3 = A little 4 = Not at all
Visits, number	TVISITS	Please estimate the total number of visits that you and members of your family covered by your health plan have made to the doctor's office or clinic, urgent care, or the emergency room in the last 12 months. 1 = No visits 2 = 1 visit 3 = 2 to 5 visits 4 = 6 to 9 visits 5 = 10 to 14 visits 6 = 15 visits or more
Visits, outpatient	OUTPT	Based on TVISITS, did subject have any outpatient visits?



**TABLE 3**  
**DEPENDENT VARIABLES**



# DEPENDENT VARIABLES

Category	Variable	Description
Average postenrollment quality rating of plans other than own 1996 plan	QOTH2	Quality rating of other plans based on APLAN96 and TQLT*2 where '*' represents plans other than subject's own plan in 1996.
Average pre-enrollment quality rating of plans other than own 1996 plan	QOTH1	Quality rating of other plans based on APLAN96 and TQLT*1 where '*' represents plans other than subject's own plan in 1996.
Average pre-enrollment quality rating of plans other than own 1995 plan	QOTH951	Quality rating of other plans based on APLAN95 and TQLT*1 where '*' represents plans other than own plan in 1995.
Change in importance of customer service quality relative to premium	Z12A	Change from pre- to postenrollment of importance of quality service relative to premium. Based on Z1A and Z2A. 1 = Importance of quality service decreased relative to premium 0 = Importance stayed the same -1 = Importance of quality service increased relative to premium
Change in importance of waiting for appointments relative to premium	X12A	Change from pre- to postenrollment of importance of waiting for appointments relative to premium. Based on X1A and X2A. 1 = Importance of waiting for appointments decreased relative to premium 0 = Importance stayed the same -1 = Importance of waiting for appointments increased relative to premium
Change in knowledge about needing referral for specialist	REFCNG4	Change in knowledge of whether a referral from a primary care doctor is necessary before seeing a specialist. 1 = Did better 2 = Stayed the same 3 = Did worse
Change in knowledge about prescription coverage	RXCNG4	Change in knowledge about prescription coverage, pre- to postenrollment. 1 = Did better 2 = Stayed the same 3 = Did worse
Change in knowledge of health education programs	PRGCNG4	Change in knowledge of programs offered to deal with stress, stop smoking, etc. from pre- to postenrollment. 1 = Did better 2 = Stayed the same 3 = Did worse

Category	Variable	Description
Change in knowledge of hospital benefit	HOSCNG4	Change in knowledge of cost of general hospital admission, pre- to postenrollment. 1 = Did better 2 = Stayed the same 3 = Did worse
Change in knowledge of urgent care copayments	UCCNG4	Change in knowledge of cost of urgent care visit, pre- to postenrollment. 1 = Did better 2 = Stayed the same 3 = Did worse
Change in perceived knowledge	PLANKN12	Change from pre- to postenrollment in perceived knowledge of plans. Based on TPLANKN1 and TPLANKN2.
Change in premium from 1995 to 1996	PAYCNG	Change in premium from 1995 to 1996. PAY96 - PAY95.
Change in quality rating of 1995 own plan	OWN95QLT	Change from pre- to postenrollment of quality rating on own plan in 1995. QOWN952 - QOWN951.
Change in quality rating of 1996 own plan	OWNQLT	Change from pre- to postenrollment of quality rating of subject's own plan in 1996. QOWN2 - QOWN1.
Change in quality rating of other 1996 plan	OTHQLT	Change from pre- to postenrollment of quality rating of subject's other plan in 1996. QOTH2 - QOTH1.
Change in quality ratings of other 1995 plans	OTH95QLT	Change from pre- to postenrollment of quality rating of plans other than subject's own plan in 1995. QOTH952 - QOTH951.
Considered switching	TSWCONS	During this past open enrollment, how much did you consider switching to another plan? 1 = A lot 2 = A fair amount 3 = A little 4 = Not at all
Cost in health plan decision	COST	Based on TINF CST and TOTHCST2. Did cost influence the health plan decision? If TINF CST = 1 or 2, or TOTHCST2 = 1 or 2 then COST = 1, else Cost = 2. 1 = Yes 2 = No

Category	Variable	Description
Importance of health plan decision	TSELIMP	How important was the decision to stay or switch health plans? 1 = Extremely important 2 = Very important 3 = Somewhat important 4 = Not very important 5 = Not at all important
Importance of premium relative to customer service quality	Z1A	At pre-enrollment importance of quality service compared to premium. Based on TIMPPAY1 and TIMPQCS1. 1 = Importance of quality service less than importance of premium 0 = Importance quality service equal to importance of premium -1 = Importance of quality service higher than importance of premium
Importance of premium relative to customer service quality	Z2A	At postenrollment importance of quality service compared to premium. Based on TIMPPAY2 and TIMPQCS2. 1 = Importance of quality service less than importance of premium 0 = Importance quality service equal to importance of premium -1 = Importance of quality service higher than importance of premium
Importance of premium relative to waiting for appointments	X1A	At pre-enrollment importance of waiting for appointments compared to premium. Based on TIMPPAY1 and TIMPAPP1. 1 = Importance of waiting for appointments less than importance of premium 0 = Importance of waiting for appointments equal to importance of premium -1 = Importance of waiting for appointments higher than importance of premium
Importance of premium relative to waiting for appointments	X2A	At postenrollment importance of waiting for appointments compared to premium. Based on TIMPPAY2 and TIMPAPP2. 1 = Importance of waiting for appointments less than importance of premium 0 = Importance of waiting for appointments equal to importance of premium -1 = Importance of waiting for appointments higher than importance of premium
Knowledge of health education benefit - postenrollment	TPRGCOR2	Postenrollment knowledge of programs offered by health plan to deal with stress, stop smoking, etc. 1 = Correct 2 = Don't know 3 = Incorrect

Category	Variable	Description
Knowledge of hospital coverage - postenrollment	THOSCOR2	Postenrollment knowledge of cost for a general hospital admission. 1 = Correct 2 = Don't know 3 = Incorrect
Knowledge of prescription coverage - postenrollment	TRXCOR2	Postenrollment knowledge of coverage for prescription drugs. 1 = Correct 2 = Don't know 3 = Incorrect
Knowledge of specialist access - postenrollment	TREFCOR2	Postenrollment knowledge of whether a referral from a primary care doctor is necessary before seeing a specialist. 1 = Correct 2 = Don't know 3 = Incorrect
Knowledge of urgent care copayments - postenrollment	TUCCOR2	Postenrollment knowledge of cost of visit to urgent care center. 1 = Correct 2 = Don't know 3 = Incorrect
Number of information sources (first version)	INFONUM	Number of information sources used when making a decision about choosing 1996 health plan. Based on the following variables. If a variable is answered "Yes" then 1 is added to INFONUM. INFONUM is initialized to 0. When choosing you 1996 health plan: TTALKFAM: Did you talk with any family members? TTALKOTH: Did you talk with any friends or coworkers? TCALLPLN: Did you call any of the health plans to get more information? TREADCC: Did you read any certificates of coverage? TREADADS: Did you read any materials or newspaper advertising from any the health plans? TBENMTG: Did you go to a health benefits meeting, teleconference or health benefits fair? TTALKBEN: Did you talk with anyone in employee benefits, including benefits representative in your department? TPEREXP: Did you rely on personal experience?
Number of information sources (second version)	INFONUM2	Based on INFONUM and TPKTSEE. TPKTSEE: Each fall an open enrollment packet is sent to employees. Do you recall seeing this packet?
Number of information sources (third version)	INFONUM3	Based on INFONUM2 and TRPTSEE. TRPTSEE: Do you remember seeing a report called "Health Plans and Care: What Employees Think"?

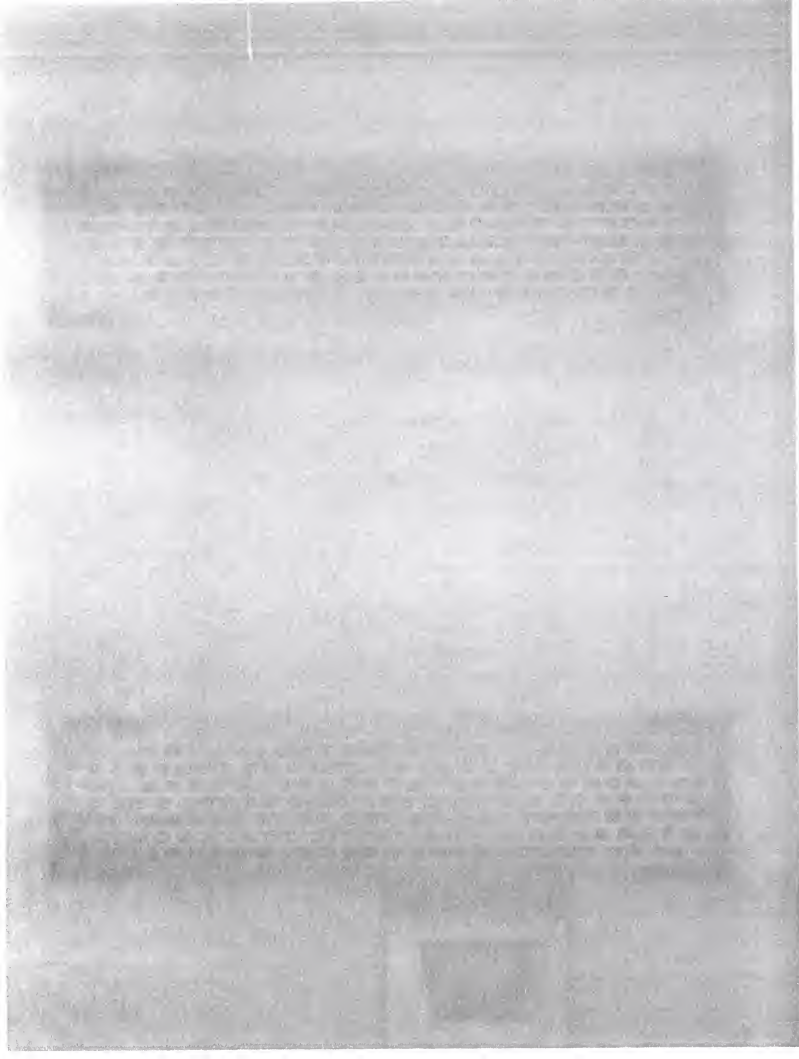
Category	Variable	Description
Other factors in health plan decision	MISC	Did factors other than cost or quality influence health plan decision?
Perceived knowledge	TPLANKN2	Perceived knowledge of all the health plans: 1 = A great deal 2 = A fair amount 3 = A little 4 = Almost nothing or nothing at all
Quality in health plan decision	QUALITY	Based on TINFQLT and TOTHQLT. Did quality influence the health plan decision?
Quality rating differences between 1995 plan and others	RATEOWN	If QOWN952 $\geq$ QOTH952 then RATEOWN = 1 - Rated quality of own 1995 plan higher than other plans. If QOWN952 < QOTH952 then RATEOWN = 2 - Rated quality of own 1995 plan lower than other plans.
Quality rating differences between 1996 plan and others	RATE2	If QOWN2 $\geq$ QOTH2 then RATE2 = 1 - Rated quality of own 1996 plan higher than other plans. If QOWN2 < QOTH2 then RATE2 = 2 - Rated quality of own 1996 plan lower than other plans.
Switched plans from 1995 to 1996	XSWITC96	Based on administrative data, did subject change plans from 1995 to 1996?
Switched plans from 1995 to 1996, or how much subject thought about switching plans	SWCONS	Based on XSWITC96 and TSWCONS. 1 = Switched 2 = Thought a lot about switching 3 = Thought a fair amount about switching 4 = Thought a little about switching 5 = Thought not at all about switching





**TABLE 4**

**RESPONDENTS' HEALTH PLAN ENROLLMENT, 1995 AND 1996**



# RESPONDENTS' HEALTH PLAN ENROLLMENT, 1995 AND 1996

1995 HEALTH PLAN		PRE				POST				
		SINGLE		FAMILY		SINGLE		FAMILY		
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF	
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN	
900-GROUP HEALTH		N	357	332	504	448	357	332	504	448
		%	40	42	48	53	40	42	48	53
901-MEDCENTERS		N	69	58	73	52	69	58	73	52
		%	8	7	7	6	8	7	7	6
902-MEDICA PRIMARY		N	83	40	70	48	83	40	70	48
		%	9	5	7	6	9	5	7	6
903-STATE HEALTH PLAN		N	129	93	149	122	129	93	149	122
		%	14	12	14	14	14	12	14	14
904-MEDICA PREMIER		N	265	262	245	174	265	262	245	174
		%	29	33	24	21	29	33	24	21

1996 HEALTH PLAN		PRE						POST			
		SINGLE		FAMILY		SINGLE		FAMILY			
		STATE	U OF	STATE	U OF	STATE	U OF	STATE	U OF		
		OF MN	MN	OF MN	MN	OF MN	MN	OF MN	MN		
900-GROUP HEALTH	N	325	306	471	436	325	306	471	436		
	%	36	39	45	52	36	39	45	52		
902-MEDICA PRIMARY	N	51	32	37	33	51	32	37	33		
	%	6	4	4	4	6	4	4	4		
903-STATE HEALTH PLAN	N	67	47	58	48	67	47	58	48		
	%	7	6	6	6	7	6	6	6		
904-MEDICA PREMIER	N	320	319	253	214	320	319	253	214		
	%	36	41	24	25	36	41	24	25		
905-HEALTHPARTNERS	N	67	54	63	49	67	54	63	49		
	%	7	7	6	6	7	7	6	6		
906-STATE HEALTH PLAN SELECT	N	70	19	157	61	70	19	157	61		
	%	8	2	15	7	8	2	15	7		



**1995 State of Minnesota  
Survey of Employees**

**Health Plans  
and Medical Care:  
What Employees Think**



Sponsored by the  
State of Minnesota  
Joint Labor-Management  
Committee on Health Plans and  
the Department of Employee Relations

## What's Inside this Brochure

- ▶ This brochure gives results of a 1995 survey of 2,423 state employees who were asked to evaluate their health plans.
- ▶ Survey results are shown in graphs and tables that compare the six health plans offered by the State of Minnesota in 1995. This report also compares the 1993 and 1995 survey results.
- ▶ Together with other information you can get during open enrollment, these survey results may help you select the health plan that best meets your needs.

## Why the Survey Was Done

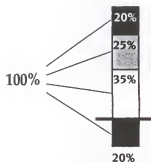
- ▶ The Department of Employee Relations and the State of Minnesota Joint Labor-Management Committee on Health Plans did this survey to give you more complete information to use in choosing a health plan.
- ▶ The health plans are given a detailed report of the survey results. They use this feedback to help make improvements in the care and services they provide.

## How the Survey Was Done

- ▶ For each of the six health plans, a representative cross-section of approximately 400 state employees was surveyed, for a total of 2,423 employees interviewed.
- ▶ To be included in the survey, employees must have been enrolled in their current plan for at least one year. This means that employees who changed plans at the last open enrollment are not included.
- ▶ Employees were interviewed by telephone at their homes in March-May 1995. Interviews were voluntary and completely confidential. Of those selected to be in the sample and reached by phone, 89% agreed to participate. All survey results are based on experiences during the last 12 months of those who had made at least one visit to the doctor.

## Reading the Graphs

- ▶ Most of the graphs summarize the results for more than one survey question by showing the average of the answers to several questions on the same topic.
- ▶ Most of the graphs show percentages that add to 100%:



## Interpreting the Survey Results

- ▶ "Margin of error": When comparing health plans, you should ignore small differences in percentages, because the survey results have a margin of error of approximately plus or minus 5%. This means that small differences between plans may result from sampling variation rather than any real differences in health plans.
- ▶ To help ensure fair comparisons: Since there were some minor differences by health plan in the age, health, and education of the survey respondents, statistical adjustments were made so that these differences would not affect the plan-by-plan comparisons.
- ▶ This survey provides overall comparative information on the entire health plan. It is not designed to provide information on specific doctors, clinics, or geographic areas.
- ▶ Results represent the opinions and judgments of your coworkers. They do not represent the evaluation of the Department of Employee Relations nor the State of Minnesota Joint Labor-Management Committee on Health Plans.

Look inside for a summary of plan comparisons

**How was your plan  
rated by state  
employees who were  
surveyed in 1995?**

**1995**

- ★★★ = Better than average  
☆☆ = Average  
★ = Below average

		First Plan HMO in '95	Group Health in '95	Med- Centers in '95	Medica Premier in '95	Medica Primary in '95	State Health Plan in '95
<b>Overall Ratings</b>	Overall satisfaction with plan	★★★	☆☆	★★★	☆☆	☆☆	★
	Overall quality of care	☆☆	☆☆	★★★	★★★	☆☆	★
<b>Health Plan Customer Service</b>	Information given to members, paperwork, administration	★★★	☆☆	★★★	☆☆	☆☆	★
	Quality of service from the plan's Member Services	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
<b>Access to Care</b>	Overall rating of availability of care	★★★	☆☆	★★★	☆☆	☆☆	★
	Getting help by phone or treatment when office/clinic is closed	☆☆	★★★	☆☆	☆☆	★★★	★
<b>Primary Care Doctor</b>	Members' ability to find a primary care doctor they're satisfied with	★★★	★	★★★	☆☆	☆☆	★
<b>Quality of Care</b>	Primary care - Adults	☆☆	★	★★★	★★★	☆☆	★
	Primary care - Children	★	☆☆	★★★	★★★	☆☆	★
	Specialty care (adults and children)	☆☆	☆☆	☆☆	★★★	☆☆	★
<b>Wait Times</b>	Wait times for appointments and in the waiting room						
	Adults' primary care	★	☆☆	☆☆	★★★	★★★	★
	Children's primary care	★	☆☆	☆☆	★★★	★★★	★
<b>Customer Service at Doctor's Office</b>	How phone calls to doctor's office are handled (how quickly, how well), and ratings of receptionists and billing staff:						
	Adults' primary care	☆☆	☆☆	☆☆	★★★	☆☆	★
	Children's primary care	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆

Stars in this table tell whether 1995 survey ratings for each plan are better than (★★★), below (★), or not different from (☆☆), the average rating, based on statistically significant differences at the .05 probability level, controlling for age, education, and self-reported health of respondents. As shown in graphs (see inside), the ratings for all plans are relatively high for some topics (such as quality of care), and relative low for others (such as wait times).

## **What has changed since the last survey in 1993?**

There have been changes in benefits and plan design for some of the health plans since 1993. Some of these changes listed below may have been significant enough to have influenced how employees responded to the survey questions.

### **State Health Plan**

- The State Health Plan moved to a system of care that requires a member to designate a primary care coordinator. For members to get the highest level of coverage, the primary care coordinator must either provide the needed services or approve the referrals.
- Direct access (without need for a referral) was maintained for most out-of-network services.
- Hospital inpatient coverage was increased from 80% to 100%.

### **Medica Premier**

- Medica Choice Select was terminated at the end of 1993; Medica Premier was offered starting in 1994.
- For members to get the highest level of coverage, the primary care coordinator must either provide the needed services or approve the referrals.
- The out-of-network option that had been available in Medica Choice Select was replaced by an option for members to directly access (without a referral) all Medica Premier contracted providers; this direct access requires a copayment/coinsurance.
- In 1994, Medica Premier added direct access to chiropractic services (no referral needed).
- In 1995, Medica Premier expanded its provider network, particularly in greater Minnesota, while significantly lowering its premiums.

### **First Plan HMO**

- In 1995, First Plan HMO added direct access to chiropractic services (no referral needed).

### **Change in Low-Cost Carrier**

- In 1995, Medica Premier lowered its premiums by 25% and at the same time expanded its provider network. As a result, the State Health Plan and Group Health lost their low cost carrier status in a total of 22 counties throughout the state. In these counties where Medica Premier became the new low-cost carrier, employees had to pay more to stay with the State Health Plan, Group Health, Medica Primary, or MedCenters. In some cases, employees had to pay significantly more to stay with the plan than they had in 1994.

**Look inside for details on the  
1995  
survey results**



## How are health plans trying to improve?

### Areas Targeted for Improvement

Based on results from the 1993 survey of employees, the Department of Employee Relations identified three areas in which all health plans needed to make improvements:

- ▶ Quality of the health plan's customer service
- ▶ Access to after-hours care, urgent care, and emergency care
- ▶ Ability of members to find a primary care doctor they are satisfied with

Each of the six health plans developed projects they felt would address problems in these three areas.

### Health Plan Improvement Projects

Examples of some improvement efforts included:

- ▶ Changing open enrollment materials to be more user-friendly and more readily available to employees
- ▶ Piloting a PhoneCare project in a portion of greater Minnesota
- ▶ Supporting the development of an urgent care center in Northern Minnesota
- ▶ Expanding customer service training

## How did plans change from 1993 to 1995 in the targeted areas?

Comparing the 1995 survey results with those from 1993 is one way to measure the impact of these improvement projects in the three targeted areas:

### First Plan HMO

- No significant '93-'95 changes in ratings for any of the three areas targeted for improvement.

### Group Health

#### Improvements in ratings for:

- Overall access to medical care
- Availability of medical advice by telephone when doctor's office or clinic is closed
- Availability of medical care when doctor's office or clinic is closed
- Courtesy of Member Services
- How quickly phone calls are answered by Member Services (time spent on hold, etc.)
- How quickly and efficiently respondents are helped when they contact Member Services
- Ability of members to find a primary care doctor they are satisfied with

### State Health Plan

#### Ratings went down for:

- Overall access to medical care
- Availability of medical advice by telephone when doctor's office or clinic is closed
- Availability of medical care when doctor's office or clinic is closed
- Access to emergency care

### Medica Premier

#### Improvements in ratings for:

- How quickly phone calls are answered by Member Services (time spent on hold, etc.)

#### Ratings went down for:

- Overall access to medical care
- Ability of members to find a primary care doctor they are satisfied with

### Medica Primary

#### Improvements in ratings for:

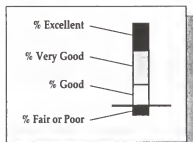
- How quickly phone calls are answered by Member Services (time spent on hold, etc.)
- How quickly and efficiently respondents are helped when they contact Member Services
- How well Member Services handles calls
- Ability of members to find a primary care doctor they are satisfied with

### MedCenters

- No significant '93-'95 changes in ratings for any of the three areas targeted for improvement.

(Changes reported here are statistically significant differences at the .05 probability level.)

# 1995 Survey Results



## Quality of Care

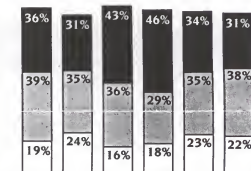
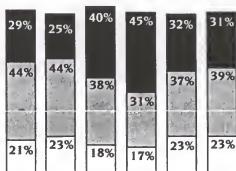
### Technical Quality

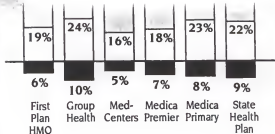
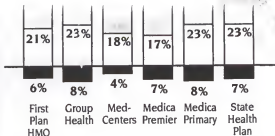
- ▶ Doctor's medical knowledge and experience.
- ▶ Doctor's technical skill and ability.
- ▶ Thoroughness, carefulness, and completeness of examinations and treatment.
- ▶ How well the doctor and staff follow through on care: Checking on progress, telling about test results, encouragement and reminders to seek follow-up care.
- ▶ Knowledge, skill, and experience of nurses, nurse practitioners, physician's assistants.

### Communication

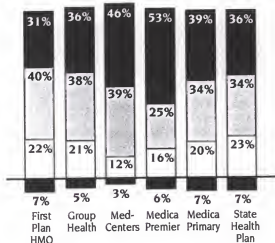
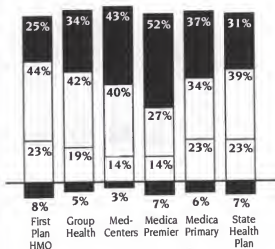
- ▶ Doctor's explanations of what is wrong and what is being done.
- ▶ Doctor's listening skills: Ability to make the respondent feel comfortable about asking questions or for more explanation, not interrupting.
- ▶ Degree to which the doctor gets the respondent involved in making decisions about care, including providing information needed to make informed choices.
- ▶ Helpfulness of primary care office nurses who handle phone calls about health care questions and problems (adults' and children's primary care only).

### Adults' Primary Care

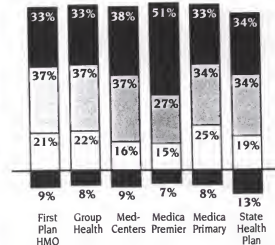
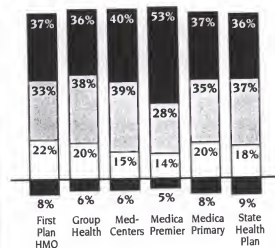




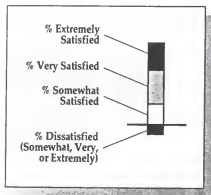
## Children's Primary Care



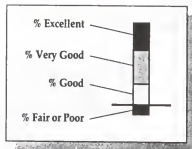
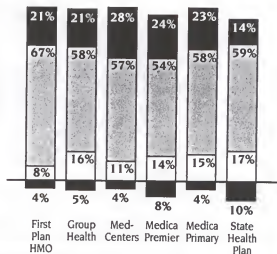
## Specialty Care (adults and children combined)



## Overall Satisfaction



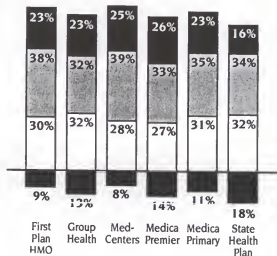
- A single, summary rating of overall satisfaction with the health plan.



## Health Plan Customer Service

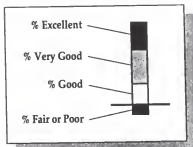
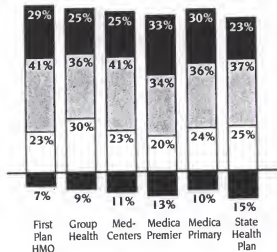
### Information, Paperwork, Administration

- Information provided to members about their coverage, including member packets and provider directories.
- How well the health plan handles procedures and paperwork required for care, including issuing member cards and processing records.
- Information provided about the primary care doctors who are available through the health plan.
- The health plan's procedures for choosing or changing a primary care doctor.



## Responsiveness of Member Services

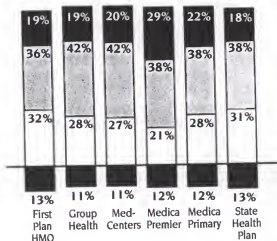
- How quickly and efficiently respondents are helped when they contact Member Services at the health plan.
- How well questions or other needs are handled by staff at Member Services.
- Courtesy of staff at Member Services who handle phone calls.



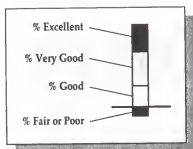
## Customer Service at Doctor's Office

- How quickly respondents are helped when they call the primary care doctor's office or clinic during office hours.
- How well questions or other needs are handled when respondents call.
- Efficiency and courtesy of receptionists and billing staff.

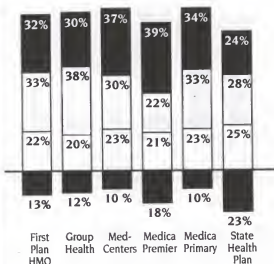
Graph shows the average of responses to these three questions about customer service for both adults' and children's primary care (total of six questions).







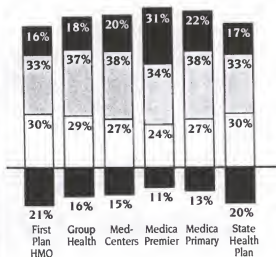
## Access to Care



### After Hours Urgent Care Emergency Care

Ratings of how readily available the following types of care have been to respondents who have needed each type of care:

- Medical advice or assistance by telephone when the doctor's office or clinic is closed.
- Care for non-emergencies that occur when the doctor's office or clinic is closed.
- Emergency care.
- Overall access: Being able to get the care that is needed, whenever it is needed (rated by all respondents).

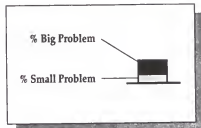


### Wait Times for Appointments and in the Waiting Room

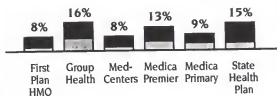
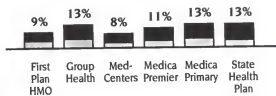
Ratings of how promptly respondents usually get in to see the doctor:

- How promptly respondents have been seen when they have arrived on time for an appointment: Time spent in waiting area.
- How promptly respondents have been able to get an appointment when someone has been ill.
- How promptly respondents have been able to get an appointment for a routine physical or other type of preventive care.

Graph shows the average of responses to these three questions about wait time for both adults' and children's primary care (total of six questions).



- Numbers on the graphs show combined percentages for "big problem" and "small problem."
- Percentages for those who answered "no problem" are not shown in these graphs.



## Problems

### Problems with access or quality of care

Questions that ask whether respondents have had certain types of problems in the last 12 months:

- ▶ Problem: Getting care that was not skilled enough or thorough enough.
- ▶ Problem: Getting less care than was needed.
- ▶ Problem: Respondents feeling that their health plan discouraged them from seeking care they felt they needed.
- ▶ Problem: Getting tests or treatment that respondents thought were not really needed.

### Problems finding a satisfactory primary care doctor

- ▶ Whether respondents have had a problem finding a satisfactory primary care doctor through their health plan.

## Project Sponsorship

This project is sponsored by the Department of Employee Relations and the State of Minnesota Joint Labor-Management Committee on Health Plans (JLMC).

The JLMC consists of the following members:

- Department of Employee Relations: Employee Insurance Division and Labor Relations Bureau
- AFSCME - Council 6
- Inter Faculty Organization
- Minnesota Law Enforcement Association
- Middle Management Association
- Minnesota Association of Professional Employees
- Minnesota Community College Faculty Association
- Minnesota Government Engineers Council
- Minnesota Nurses Association
- Minnesota State University Association of Administrative and Service Faculty - Teamsters Local 320
- State Residential Schools Education Association
- United Technical College Educators
- University of Minnesota
- Minnesota State Colleges and Universities

## Acknowledgements

- ▶ Nanette Dahms of DOER coordinated this project.
- ▶ Jeanne McGee, PhD, conducted this project. Dr. McGee was responsible for the survey questions, data collection and analysis, and reporting of the results, including redesign of this brochure.
- ▶ DataStat, Inc., conducted the phone interviews; Andrew J. Larson assisted with graphics; and Choice Graphics handled the printing of the brochure.

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Survey questions © by Jeanne McGee  
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## Special Thanks

This brochure is a redesign of the 1993 brochure. The previous brochure was expanded to include the 1993-95 comparisons, and revised to communicate the survey results more effectively.

Revisions were guided by feedback from state employees who participated in several rounds of focus groups and individual interviews.

We are grateful to the following people who gave their time to help make this brochure more useful to state employees:

- ▶ The employees who were interviewed to get their reactions to new formats. These employees work in the Department of Labor and Industry (DOLI), Department of Natural Resources (DNR), Department of Human Services (DHS), and the Department of Employee Relations (DOER).
- ▶ The human resources directors and their staffs in DOLI, DNR, and DHS, who assisted in recruiting employees for the redesign interviews.
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- ▶ John Stieger, Minnesota Department of Health, for his feedback on the previous brochure and review of the redesign.



**For  
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